



Adult Head Injury Service Provider Manual

*"a system of person-centered, community-based, comprehensive care for individuals
with traumatic brain injury (TBI)"*

Special Health Care Needs

Division of Community Health

Revised- July 2004

Adult Head Injury Service Provider Manual

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Print Friendly Version

INTRODUCTION

Adult Head Injury Service

Purpose

The Adult Head Injury Service provides assistance in locating, coordinating and purchasing rehabilitation and psychological services for adults who have reached their 21st birthday and who have survived a traumatic brain injury (TBI). Traumatic brain injury is defined in RSMo 192.735 as "a sudden insult or damage to the brain or its coverings, not of a degenerative nature. Such insult may produce an altered state of consciousness and may result in a decrease of one (1) or more of the following: mental, cognitive, behavioral or physical functioning resulting in partial or total disability. Cerebral vascular accidents, aneurysms and congenital deficits shall be specifically excluded from this definition."

The Department of Health and Senior Services Adult Head Injury Service is of two types:

- **Service Coordination**
- **Rehabilitation Services**

1) Service coordination is free of charge to all individuals who are medically eligible regardless of income.

Service coordination includes:

- Evaluation and assessment of needs.
- Information and education about the cause and effects of traumatic brain injury and preventing secondary conditions.
- Development of a service plan to meet the identified needs.
- Assistance in locating and accessing resources and services such as medical care, housing, counseling, transportation, rehabilitation, vocational training, and cognitive/behavioral training.

2) Rehabilitation services as listed in this manual are available to individuals who are medically eligible and whose income is 185% of Federal Poverty Guidelines or lower. Certain limitations apply, and this manual outlines operational procedures for use of Department of Health and Senior Services Head Injury funds.

The Head Injury Service Coordinator will assist the client to apply for any other payment resources before submitting requests for use of Head Injury funds to purchase these services.

All other payment resources must be used before Department of Health and Senior Services' funds;

- When Department of Health and Senior Services' funds are used to purchase services, costs of the proposed rehabilitation services will be projected;
- Services will be initiated only when adequate funds are available to achieve an expected outcome goal;
- A waiting list for services is implemented when the demand for services exceeds available funds.

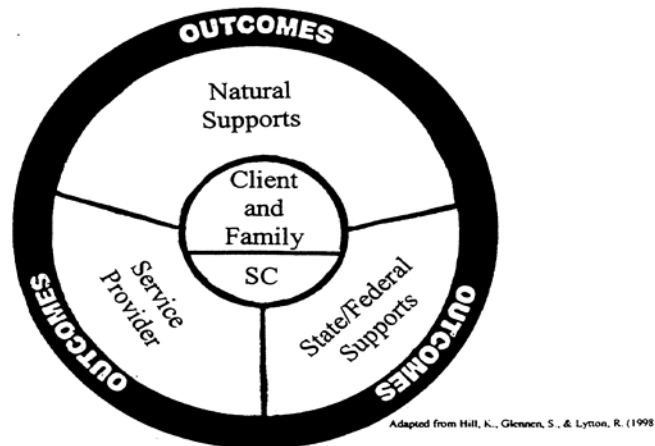
History

The Head Injury Program was created in 1985 when the Missouri General Assembly appropriated \$500,000 for community services for individuals with traumatic brain injuries (TBI) and their families. Funds are appropriated annually by the legislature.

The Department of Health and Senior Services put into place two service coordinators dedicated to the Head Injury Program in 1994. This allowed the beginnings of a case management service delivery system. In FY99 statewide coverage became a reality with a service coordination team of eight (8) specialized TBI Service Coordinators. There are currently nine (9) TBI Service Coordinators located throughout Missouri (See service coordination map for service area).

Service Delivery Model

The Adult Head Injury Service is neither an entitlement program nor an entitlement to lifelong care and treatment. Special Health Care Needs (SHCN) utilizes a person-centered approach that places the Head Injury Service Coordinator with the participant and family at the center of the assessment, planning and service delivery efforts for each individual. Just in time rehabilitative services are arranged around the client/family's goals and resources thereby enhancing the individual's opportunity to achieve a successful outcome of community integration and a productive lifestyle.



Role/Responsibility of the Service Coordinator

The Service Coordinator is the entry point into Adult Head Injury Service. Upon referral, each participant is assigned a Service Coordinator, based on the individual's county of residence. The Service Coordinator assesses the participant's immediate needs and assists the individual to access resources that may be available, such as public programs or natural supports.

The Service Coordinator, together with the individual and family, develops a SHCN Service Plan. The Service Plan outlines a long-term projected outcome goal, such as return to work or independent living, and the steps to achieve this goal. These steps may include referral for any public programs, development of skills through rehabilitative services or development of other supports that will assist the individual to reach the maximal level of independent community functioning. The Service Coordinator documents the Service Plan, assures that the client and family wishes are included in the plan, obtains their signatures of agreement, and provides them with a copy of the plan.

Together the Service Coordinator and the family identify key people to form the Person Centered Planning Team. The planning team that works with the individual should always include: the participant, the Head Injury Service Coordinator, involved family member(s), significant other(s), and/or the legal guardian. Other members will be added at appropriate times given changing needs as the participant moves through services toward functional independence. The Service Coordinator actively assures the ongoing coordination and functioning of the planning team. The Service Coordinator assures that at least an annual review of the Service Plan is scheduled. The Service Coordinator also assures that a transition plan is in place when unmet needs continue beyond the scope of Head Injury Service.

Provider Enrollment and Role/Responsibility

The Provider must meet certain qualifications to be enrolled with SHCN to provide Head Injury rehabilitative services. These qualifications and the process for enrollment are listed elsewhere in this manual. The Provider is an active member of the planning team while involved with an individual, and as such is expected to collaborate with the entire team. Collaboration across programs and services is a key component of the person-centered service delivery model, and requires effective and timely communication between all agencies and participants involved.

Purpose of the Provider Manual

The Provider Manual outlines operational guidelines for participating in Head Injury, and use of Department of Health and Senior Services' funds for rehabilitative services. The manual is divided into the following sections:

- Introduction
- Services Mission, Philosophy and Values
- General Program Guidelines
- Program Entry Procedures

- Rehabilitation Services Available
- Billing/Claims Procedures
- Provider Enrollment Procedures
- Appendices

The Provider Manual is reviewed annually for changes by Department of Health and Senior Services' staff. Annual written input from providers will be requested. An annual meeting of providers and Head Injury staff may be held, generally in the spring of each year, to review procedures and allow a forum for discussion of current issues. As revisions are made to the Provider Manual, notification will be posted on the secure provider website. Thereafter, the most current revision is used in any decision-making or procedures.

Communication

Communication from Department of Health and Senior Services may occur through a variety of methods. To assure that the Provider receives communications in a timely manner, the Provider should identify a contact person to receive program-related information. The Provider should specify if the contact person is at a different location than the main address/billing location.

Examples of the types of expected communications are listed below:

- Regular mail: Implementation of a waiting list; copy of response to Prior Authorization request; significant procedural changes, that affect all providers;
- Phone: Specific client questions/concerns or procedural questions;
- Fax: Early responses to Prior Authorization requests (see Prior Authorization procedures page 15);
- Web: Notification of the annual meeting, general Program informational updates.

DEPARTMENT OF HEALTH AND SENIOR SERVICES

SPECIAL HEALTH CARE NEEDS

ADULT TRANSITION PROGRAM

ADULT HEAD INJURY SERVICE

MISSION

To provide for the identification and integration of resources for all eligible Missouri residents who sustain a traumatic brain injury, thereby enhancing their opportunity to obtain the necessary supports that will enable them to return to a productive lifestyle in their community.

PHILOSOPHICAL STATEMENT

The Adult Transition Program (Adult Head Injury Service) respects the human dignity of each individual and recognizes that each person should function as independently as possible within the community.

CORE VALUES

Head Injury Service' decisions are guided by the following core values:

- Person-centered
- Outcome-oriented
- Community inclusion
- Family/significant others' involvement in immediate and long-term goal planning
- Personal responsibility for functional improvements
- Resumption of a productive lifestyle
- Responsible resource management
- Supportive partnerships

CORE VALUE DEFINITIONS

The Adult Transition Program Head Injury Service' core values are defined below:

Person-centered:

Each individual has the right to participate in the planning and design of his/her services to the best of his/her capability. The participant's abilities, wishes and desires are primary in making decisions about Head Injury sponsored goals.

Outcome-oriented:

Each individual's program goals and objectives are regularly evaluated by the Head Injury Service Coordinator to assure benchmarks are being accomplished toward the long-term goal as stated in the SHCN Service Plan.

Community inclusion:

Goals, objectives and all associated activities sponsored by the Adult Head Injury Service' are designed to encourage community integration and inclusion in age-appropriate life activities.

Family/Significant others' involvement in immediate and long-term goal planning:

While the participant is at the center of the planning process, the family/significant others' goals and special knowledge of the participant are considered and incorporated into all decision making, whether for small activities or long-term goals. The family is expected to be willing to actively participate in the individual's functional improvement.

Personal responsibility for functional improvements:

Participants are expected to engage actively in decisions about their care, and to perform recommended activities toward the agreed-upon long-term goal.

Resumption of a productive lifestyle:

Participants are expected to engage in specific goals of resuming a lifestyle of productivity such as return to work (paid or unpaid), school, independent living (supported or non-supported), and contributing family member.

Responsible resource management:

The Adult Transition Program is committed to the responsible management of any and all financial or programmatic resources available to the participant to assure maximum benefit from each.

Supportive partnerships:

The Program requires that all parties involved in assisting participants collaborate and plan together for transitions from service to service and toward community reintegration.

GENERAL GUIDELINES

Clients served must meet established Financial and Medical eligibility requirements. (See Client Eligibility section of this manual page 12.)

Staff and facility must meet established requirements described in this document.

A written plan of care and a monthly progress report will be required for all services as described in this document.

Prior to Providing Service all providers must:

- Enroll as a provider by completing a SHCN Provider Application Form and signing a Participation Agreement.
- Obtain written approval for services requested. **The Department of Health and Senior Services will not reimburse providers for services that are not prior approved. Verbal approvals will not be given.**

Approval of prior authorization request is subject to availability of appropriated funds.

The Adult Head Injury Service is not an entitlement program nor entitlement to lifelong care and treatment.

The Department may maintain a waiting list for rehabilitation services in the event requests for services exceed available funds.

All providers must submit claims according to established Billing Guidelines as described in this document.

The Department will not make payment for any services for which payment has been made under any State compensation program including Medicaid, any insurance policy, any Federal, State or County Program, or any third party resources. When reimbursement is available from any of these sources, claims must be submitted to these sources **before** submitting a claim to the Adult Head Injury Service.

The service does not duplicate services available through other public human service agencies, but works cooperatively and advocates with appropriate public and private programs to ensure that individuals have access to benefits for which they may be eligible.

Providers must be Medicaid vendors in order to enroll Medicaid eligible clients for services covered by Medicaid. Head Injury funds will not be used to pay for Medicaid clients to attend Comprehensive Day Program services. Providers for Comprehensive Day Program, who are not vendors for Medicaid, must refer Medicaid eligible clients to equivalent programs with Medicaid vendors.

All billings for services provided to approved clients must be submitted to the Department no later than sixty (60) days following the date services are provided or no later than (60) days following receipt of payment determination by a third party payer. All bills must be submitted no later than ten (10) days after the close of the state fiscal year on June 30 of each year, or as notified by SHCN.

The Department has the authority to review client records and provider billings to assure that program guidelines as written herein are followed.

FACILITY REQUIREMENTS

If the provider's program involves a physical plant, the provider shall provide a facility which:

- Meets ADA standards for accessibility;
- Has an effective plan in place for emergency egress;
- Meets local fire and safety codes;
- Is maintained in good repair and is in safe, clean and orderly condition

STAFF REQUIREMENTS

The Provider shall provide qualified personnel to adequately staff the Provider's program. Requirements for staff members offering each service are listed in each service description, and summarized in a quick reference guide on pages 83 – 86.

The provider will be responsible for accurate and complete documentation of staff credentials. This documentation must demonstrate the necessary certification, licensure, education, training, and skills required to provide each service for which payment is made by the Department of Health and Senior Services. Provider's on-site records are subject to review by the Department of Health and Senior Services in accordance with the Provider Participation Agreement.

DOCUMENTATION REQUIREMENTS

Providers must retain for three years, from the date of service, fiscal and treatment records that coincide with and fully document services billed to the Department of Health and Senior Services, and must furnish or make the records available for inspection or audit by the Department or its representative upon request. Failure to furnish, reveal and retain adequate documentation for services billed to the Department may result in recovery of the payments for those services not adequately documented and may result in sanctions to the provider's participation in Department programs. This policy continues to apply in the event of the provider's discontinuance as an actively participating Department of Health and Senior Services' Provider through change of ownership or any other circumstance.

ENTRY PROCEDURES

The service coordinator is the entry point for new clients to enroll in the Adult Transition Program Adult Head Injury Service.

Referrals should be made directly to the service coordinator responsible for the county in which the client resides. (See service coordination map, page 71)

Upon referral the service coordinator will:

- Contact the client or family member
- Schedule a face-to-face visit
- Conduct an initial assessment of needs and goals
- Explain the program and benefits available
- Obtain a signed Enrollment Information Form (CC-1)
- Obtain a signed Authorization for Disclosure of Consumer Medical/Health Information (MO 650-2616) to gather written documentation of traumatic brain injury
- Determine financial eligibility (185% of federal poverty guidelines) by one of the following two methods:
 1. Obtaining a copy of the client's most current 1040 income tax form if the form is reflective of the client's current income. The adjusted gross income and the number of family members are used to determine eligibility;
 2. Obtaining a signed statement of the client's family income for the last three months and projected income for the remainder of the year.
- Refer the client to any other public or private resources for which the client may be eligible;
- Identify key persons for the Person-Centered Planning Team;
- Develop an initial SHCN Service Plan.

Until the client's medical and financial eligibility are documented, no rehabilitative services shall be approved.

If a requested service is also covered by a third party payer for which the client may be eligible, no rehabilitative services will be approved until determination of eligibility for such service has been resolved and provided to SHCN in writing.

CLIENT ELIGIBILITY

Clients eligible for payment of rehabilitative services under the Adult Transition Program Adult Head Injury Service shall meet the following criteria:

- Have written verification or history of a "head Injury" or "traumatic head injury" as defined under Section 192.735 RSMo as "a sudden insult or damage to the brain or its coverings, not of a degenerative nature. Such insult or damage may produce an altered state of consciousness and may result in a decrease of one (1) or more of the following: mental, cognitive, behavioral or physical functioning resulting in partial or total disability. Cerebral vascular accidents, aneurysms, and congenital deficits shall be specifically excluded from this definition".
- Be residents of the State of Missouri.
- Are between age 21 and 65 years of age.
- Apply for Medicaid or other state agency services, if eligible.
- Have a signed SHCN Enrollment Information Form (CC-1) on file.
- Have documentation that current taxable income does not exceed 185% of the federal poverty guidelines. This documentation shall be provided to SHCN initially at the time of enrollment, and thereafter must be provided annually to maintain eligibility for rehabilitative services.
- Meet State Department of Elementary and Secondary Education (DESE) and Federal eligibility for supported employment, if receiving long-term extended supported work services.

PRIOR AUTHORIZATION

All clients must be enrolled with SHCN before services can be authorized.

All services must have prior authorization before provision of service.

All Prior Authorization requests must be submitted on the most current original Prior Authorization form. Faxed copies will not be accepted.

A written treatment/service plan is required for all services, and must be attached to the Prior Authorization request. The treatment plan must address goals that match the client's functional level for the time period of the Prior Authorization request.

Client/family participation in development of the plan should be documented.

Providers will not be reimbursed for any services delivered before approval.

Neither SHCN nor the client/family shall be responsible for payment for a service when the provider fails to complete the SHCN prior authorization process.

Approval of services is contingent upon the availability of funding.

Services will be approved for a definite period of time as indicated on the Prior Authorization form.

Written notification of approval or denial will be sent to the provider.

The Adult Head Injury Service will maintain fiscal responsibility in the following manner:

Available funds for rehabilitative services will be divided into fourths and allocated one quarter at a time.

Prior Authorization requests will be approved up to the amount available for each quarter.

Approval decisions will be made on a case-by-case basis, following the person-centered model, taking into consideration:

- The client and family's wishes
- The health and safety of the client
- Identified priorities listed in the client's Service Plan
- Average costs for services (based on Program history) needed to reasonably assure completion of the plan
- Availability of other resources/supports

The Adult Head Injury Service will monitor the difference between authorization requests and actual expenditures. The Provider will be contacted to determine reasons for excessive differences. When there is a history of low utilization of requested funds, the Program has the authority to apply a weighted percentage reduction to Provider requests. The Program will notify Providers that this procedure is being applied thirty (30) days prior to implementation.

When the demand for services exceeds available funds, the service will maintain a waiting list for services.

PRIOR AUTHORIZATION PROCEDURES

Prior authorization forms shall be submitted to the Service Coordinator by the 15th of the month prior to the beginning of the month for which services are planned. No authorization will be accepted after close of business on the 15th. When the 15th falls on a weekend, Prior Authorizations are due by close of business on the Friday before the 15th.

The individualized treatment plan for the current authorized period must be attached to the Prior Authorization that is sent to the Service Coordinator. The treatment plan and goals must be developed by a Qualified Head Injury Professional, and:

- reflect input from the client's planning team;
- reflect services essential to the expected client outcome;
- specify the frequency, expected duration of treatment;
- specify the expected function the participant will achieve if service is approved;
- specify the methods to be used or strategies to be taught to address the client's unique barriers to independence;
- incorporate information from previous services received; and
- document client/family participation in the plan.

NOTE: See Treatment Plan template, p. 73

Prior authorization requests for clients that have ongoing service plans in place requiring services for an expected duration of a three-month period may be submitted on a quarterly basis.

Services will be approved for new clients if funds are projected to be available after funding has been allocated for clients whose rehabilitation programs are in progress. When the demand for services exceeds available funds, a waiting list will be maintained. **NOTE: New clients are defined as those who have not received SHCN services in the past.**

The date of the Prior Authorizations submitted should end on the final day of the month/quarter in which the service is planned.

For example, if a client is expected to begin services for the **month** on April 10, the Prior Authorization request would be dated April 10-April 30, the final day of the month. If a client is expected to begin services for the **quarter** on April 10, the Prior Authorization request would be dated April 10-June 30.

When services requested are also covered by Medicaid or another third party payer, a copy of the denial for coverage of the service must be attached to **each** Prior Authorization that is sent to the Service Coordinator. The original denial or a fax copy of the denial are acceptable. If the third party payer refuses to issue a written decision, a written statement dated and signed by the provider documenting the third party payer's verbal decision will be acceptable as evidence of no coverage for the requested service.

Upon receipt of the Prior Authorization, the client's Service Coordinator will:

- Review the request,
- Ensure medical and financial eligibility are met,
- Ensure that all other payment resources have been utilized,
- Review the Treatment Plan and Monthly Progress Report (as applicable),
- Review the client's long-term goals, and
- Advocate for the client's needs as funding decisions are made by SHCN.

In order to promote statewide consistency in decision-making, the Head Injury Service Coordinator and the team of Service Coordinators will meet quarterly in Central Office to process Prior Authorization requests. The Head Injury Service Coordinator in Central Office is responsible for financial approval.

Written responses to Prior Authorization requests will be sent to the provider by SHCN no later than the first of the month following submission of the request.

PRIOR AUTHORIZATION REQUEST

The **Prior Authorization Request** must be submitted to obtain prior approval to provide any rehabilitation service. No payment will be made for services rendered without prior approval. The **original** form must be completed and mailed according to SHCN policies and procedures listed in this manual.

INSTRUCTIONS FOR COMPLETION

Complete as follows:

- | | | |
|-----|--------------------------------|--|
| 1. | VERIFICATION OF SERVICE | Mark the box for type of service, new, change or reauthorization. |
| 2. | CLIENT NAME | Enter the complete (LAST, FIRST, MI) name of the client who will receive services. |
| 3. | DATE OF BIRTH | Enter client's date of birth. |
| 4. | AGE | Enter client's age. |
| 5. | DCN | Enter the departmental client number. |
| 6. | ADDRESS | Enter client's complete address (STREET, CITY, STATE, ZIP). |
| 7. | COUNTY | Enter client's county of residence. |
| 8. | PROVIDER NAME | Enter complete name of the provider as listed on participation agreement. |
| 9. | TELEPHONE NUMBER | Enter provider's telephone number. |
| 10. | ADDRESS | Enter provider's complete payment mailing address. |
| 11. | CONTACT PERSON | Enter name of the contact person in provider agency. |
| 12. | SERVICES REQUESTED | Mark the box for the service requested. Each service requested must have a separate Prior Authorization form. |
| 13. | DATES OF SERVICE REQUESTED | Enter dates service will be provided. |
| 14. | NUMBER OF UNITS PER WEEK | Enter number of units service will be provided each week. |
| 15. | LIST MONTH AND NUMBER OF UNITS | Enter the month and number of unit's service will be provided per month. |

- | | | |
|-----|-----------------------|--|
| 16. | TOTAL UNITS REQUESTED | Enter total number units requested on this form. |
| 17. | FOR STATE USE ONLY | SHCN use only. |

SIDE TWO:

- | | | |
|-----|--|---|
| 18. | RELATED DHSS OR
MEDICAID HEAD INJURY
SERVICE | Check the service title for which transportation is requested. <i>EXAMPLE:</i> Comprehensive Day Program. |
| 19. | INDIVIDUAL | Enter number of miles from client's residence to rehab program X2 equals total mileage for the trip. |
| 20. | GROUP-SAME LOCATION | Enter names of DHSS or Medicaid client's transported. Enter mileage from residence to rehab facility or recreational activity. Total number of miles one-way. Multiply by two for total round-trip mileage. Enter total in box. Approval will be prorated for each client. |
| 21. | GROUP-DIFFERENT
LOCATION | Enter name of DHSS or Medicaid client's transported. Enter mileage attributed to client from pick up point to next client pick up point. Multiply by two for total round trip for that client. Continue calculation process for each DHSS client transported. Complete a separate form for each client transported. |

INSERT PRIOR AUTHORIZATION FORM HERE

AVAILABLE SERVICES

The following services are available through the Adult Head Injury Service:

SERVICE COORDINATION

Service coordination is available free-of-charge to all individuals who are eligible for the program regardless of income. Individuals may contact a service coordinator, or may be referred, with their permission, by physicians, family, friends, rehabilitation centers, service agencies, and support organizations.

Service coordination includes:

- Evaluation and assessment of needs.
- Information and education about the cause and effects of traumatic brain injury and preventing secondary conditions.
- Development of a service plan to meet the identified needs.
- Assistance in locating and accessing resources and services, such as medical care, housing, counseling, transportation, rehabilitation, vocational training, and cognitive/behavioral training.

REHABILITATION SERVICES

Rehabilitation services listed below are available to individuals who are eligible for the service, whose income is 185% of Federal Poverty Guidelines or lower.

These services may be provided to eligible clients when necessary to facilitate the client's achievement of a long-term goal as indicated in the SHCN Service Plan. The provision of rehabilitation services is subject to availability of funds, which are appropriated annually. All rehabilitation services must be prior authorized. The Department of Health and Senior Services is payer of last resort. The Adult Head Injury Service Coordinator will assist the client to apply for any other payment resources before submitting requests for use of program funds.

- Neuropsychological Evaluation and Consultation
- Behavioral Assessment and Consultation
- Adjustment Counseling
- Comprehensive Day Program
- Transitional Home and Community Support Training
- Pre-Vocational/Pre-Employment Training
- Supported Employment/Follow Along
- Special Instruction
- Physical Therapy Evaluation/Treatment
- Occupational Therapy Evaluation/Treatment
- Speech Therapy Evaluation/Treatment
- Socialization Skills Training
- Transportation

NEUROPSYCHOLOGICAL EVALUATION AND CONSULTATION

SERVICE DESCRIPTION:

Neuropsychological evaluation and consultation consists of the administration and interpretation of a standardized battery of neuropsychological tests to provide information about a client's cognitive strengths and weaknesses following a traumatic brain injury. This service includes consultation with the client, family or other significant key person designated by the client, and Head Injury Service Coordinator for information gathering and/or interpretation of results.

Evaluations must be adapted to the cultural, ethnic, linguistic and communication background of the client and family.

SERVICE GUIDELINES:

Neuropsychological evaluation may be provided under the following circumstances subject to the availability of funds:

- A neuropsychological evaluation has not been previously completed, and information is needed by the planning team to assist in identifying a feasible long-term goal; or
- Significant changes in client's functional status have occurred and information from a previous neuropsychological evaluation is not representative of present functioning, and information is needed by the planning team to assist in identifying a feasible long-term goal.

Written assessment questions will be developed by the planning team and submitted at the time of referral for neuropsychological evaluation.

PROVIDER REQUIREMENTS:

The Provider must:

- have a Department of Health and Senior Services (DHSS) Provider Participation Agreement for the provision of neuropsychological evaluation and consultation services;
- be licensed as a Psychologist with the State of Missouri with a specialty in neuropsychology, and
- have one year's experience in working directly with persons with TBI.

UNIT OF SERVICE: ONE COMPLETE BATTERY OF TESTING*

*The following tests are approved as usual and customary:

- Wechsler Adult Intelligence Scale – III
- Wechsler Memory Scale – 3
- Woodcock Johnson Revised Tests of Achievement
- Trail Making Test
- Boston Naming Test
- Category Test
- Grip Strength

- Finger Tapping
- Lafayette Grooved Pegboard

The following abilities must be addressed in the evaluation report:

- intelligence
- academic functions
- memory
- attention
- language
- visual-spatial skills
- executive functions
- motor skills
- sensory perception
- emotional-behavioral functioning
- speed of information processing

<p>FLAT FEE: \$588.60</p>

SERVICE PRODUCT:

Written detailed evaluation report that includes a thorough review of all assessment and treatment records to date. Evaluation report must address written referral questions and must indicate:

- client's functional cognitive strengths/weaknesses,
- level of effort for testing session,
- preferred learning style, and
- specific, individualized recommendations to facilitate accomplishment of long-term goals as indicated in the SHCN Service Plan.

This service shall include a follow-up meeting for consultation with the client, family or other significant key person designated by the client, and Head Injury Service Coordinator for interpretation of results.

DOCUMENTATION REQUIREMENTS:

Providers must retain for three years, from the date of service, fiscal and treatment records that coincide with and fully document services billed to Department of Health and Senior Services (DHSS), and must furnish or make the records available for inspection or audit by DHSS or its representative upon request. Failure to furnish, reveal and retain adequate documentation for services billed to DHSS may result in recovery of the payments for those services not adequately documented and may result in sanctions to the provider's participation in DHSS programs. This policy continues to apply in the event of the provider's discontinuance as an actively participating DHSS provider through change of ownership or any other circumstance.

REFERRAL INDICATOR(S):

A neuropsychological evaluation may be requested when:

- A neuropsychological evaluation has not been previously completed, and

information is needed by the planning team to assist in identifying a feasible long-term goal;

- Significant changes in client's functional status have occurred and information from a previous neuropsychological evaluation is not representative of present functioning.

DESIRED OUTCOME(S):

- Feasible long-term outcome goal is identified.
- Direction is provided to the planning team that facilitates long-term-goal accomplishment.

BEHAVIORAL ASSESSMENT AND CONSULTATION

SERVICE DESCRIPTION:

Behavioral Assessment and Consultation is a specialized service designed to assist Department of Health and Senior Services' (DHSS) staff, family/key persons, or other programs in understanding and managing a client's highly problematic behaviors related to the TBI that do not respond to usual and customary interventions. This service shall include an initial face-to-face interview with the client, preferably observing behaviors in the client's natural or program environment.

Activities include:

- clinical determination of need for behavioral intervention,
- evaluation of appropriateness for medical management,
- development of a behavioral management plan to be implemented by all parties involved, and
- coordination of behavioral management techniques, training and follow-up as indicated.

Evaluations must be adapted to the cultural, ethnic, linguistic and communication background of the client and family.

SERVICE LIMITATION:

This service requires specific and prior approval from the Head Injury Service Coordinator, and is subject to the availability of funds.

PROVIDER REQUIREMENTS:

The Provider must:

- have a Department of Health and Senior Services (DHSS) Provider Participation Agreement for the provision of behavioral assessment and consultation services; and
- be a licensed physician or psychologist with the State of Missouri have experience in medical and behavioral management techniques with TBI.

If no provider is available in Missouri, the program may accept a provider approved by a state department from another state, subject to SHCN policies.

UNIT OF SERVICE	REIMBURSEMENT RATE
1/4 HOUR	\$13.00

SERVICE PRODUCT:

Written detailed assessment report that includes a thorough review of all assessment and treatment records to date. Assessment report must contain specific recommendations for medication management, no medication, program needs, and/or

recommended behavioral intervention techniques. It shall also include, when appropriate, development of behavioral management plan for treatment. Written behavioral management plan must include objectives, methods/strategies to be implemented, and any recommendations for follow up. The assessment report with recommendations and behavioral management plan must be sent to the Head Injury Service Coordinator within 10 working days, after assessment is complete.

The Head Injury Service Coordinator shall serve as the liaison between the specialist and the planning team. The Head Injury Service Coordinator shall report client's response to treatment plan, coordinate any further appointments and request further recommendations as indicated.

A monthly progress report to the Head Injury Service Coordinator indicating the client's functional changes in behavior management, changes in family/key significant other/program staff ability to manage client behaviors, successful methods used, barriers to acquisition of skills, and maximum achievement expected.

NOTE: Refer to Monthly Progress Report, page 77

DOCUMENTATION REQUIREMENTS:

Providers must retain for three years, from the date of service, fiscal and treatment records that coincide with and fully document services billed to Department of Health and Senior Services (DHSS), and must furnish or make the records available for inspection or audit by DHSS or its representative upon request. Failure to furnish, reveal and retain adequate documentation for services billed to DHSS may result in recovery of the payments for those services not adequately documented and may result in sanctions to the provider's participation in DHSS programs. This policy continues to apply in the event of the provider's discontinuance as an actively participating DHSS provider through change of ownership or any other circumstance.

REFERRAL INDICATOR(S):

Behavioral Assessment and Consultation may be requested when:

- Client exhibits highly disruptive behaviors, i.e., aggressive/assaultive or self-injurious episodes.
- Client/family, program staff, and/or primary caregivers have made a commitment to carry out behavioral recommendations as outlined in the behavioral management plan.
- Client demonstrates ability to respond to structured intervention.

DESIRED OUTCOME(S):

- Client demonstrates functional behavioral improvement with specialized intervention; i.e., is able to participate effectively in rehabilitation program.
- Family/significant others and/or relevant program staff demonstrate ability to manage identified behaviors.

ADJUSTMENT COUNSELING

SERVICE DESCRIPTION:

Adjustment counseling services are brief, skilled therapeutic face-to-face interventions provided to the client/family to address specific goals related to the experience of adjusting to the effects of traumatic brain injury. This service may be provided to an individual, an individual and key family/significant other, or in a group/peer format. If counseling is provided in a group, each client must have an individualized treatment plan consistent with the SHCN Service Plan.

Emphasis for this service is on coping with grief and adjustment issues related to loss of function and adjustment to changes required in family/life roles due to the traumatic brain injury. Counselors may make referrals for medical management of specific behaviors that interfere with function; however, such medical management is not included in this service. Therapy must be adapted to the cultural, ethnic, linguistic and communication background of the client and family.

Therapeutic intervention must be related to specific goals in the individual's SHCN Service Plan.

SERVICE LIMITATION(S):

This service:

- Is limited to 26 one-hour sessions, lifetime. The initial treatment plan shall contain recommendations regarding the schedule of therapeutic sessions.
- Is not appropriate for persons with pre-injury psychiatric diagnoses or to provide therapeutic intervention for chronic psychiatric issues. The Head Injury Service Coordinator will refer such individuals to other mental health services, and will make arrangements for a resource person knowledgeable about TBI to assist their agency staff.
- Is not designed to address long-term secondary conditions, such as substance abuse. The Head Injury Service Coordinator will refer such individuals to other mental health services, and will make arrangements for a resource person knowledgeable about TBI to assist the mental health agency's staff.
- Cannot be billed for clients currently receiving counseling as a component of another service the client receives through Adult Head Injury Service or other state agency.

PROVIDER REQUIREMENTS:

The Provider must:

- have a Department of Health and Senior Services (DHSS) Provider Participation Agreement for the provision of counseling,
- be licensed as a Psychologist, Social Worker, or Professional Counselor with the State of Missouri, and

- have either:
 - 1) 1 year experience in counseling with persons/families whose lives have been affected by traumatic brain injury, **or**
 - 2) 15 hours of in-service training addressing the following:
 - characteristics of TBI
 - family grief responses to TBI
 - behavioral techniques effective for persons with TBI
 - compensatory strategies effective for persons with TBI
 - general knowledge of TBI programs

<u>Psychologist</u>	UNIT OF SERVICE	REIMBURSEMENT RATE
INDIVIDUAL:	1/4 HOUR	\$13.00
GROUP:	1/4 HOUR	\$ 6.00
<u>Social Work</u>	UNIT OF SERVICE	REIMBURSEMENT RATE
INDIVIDUAL:	1/4 HOUR	\$10.00
GROUP:	1/4 HOUR	\$ 5.00
<u>Licensed Professional Counselor (LPC)</u>	UNIT OF SERVICE	REIMBURSEMENT RATE
INDIVIDUAL:	1/4 HOUR	\$10.00
GROUP:	1/4 HOUR	\$ 5.00

SERVICE PRODUCT:

- Written detailed, individualized assessment of TBI-related issues that includes a thorough review of all assessment and treatment records to date.
- Assessment report must contain recommendations for:
 - brief therapeutic intervention,
 - methods/strategies to be implemented,
 - persons to be included in therapy,
 - proposed schedule, and
 - potential community resources for long-term follow up and expected outcome with timeframe for accomplishment.
- Ongoing assessment of client progress must be reported monthly to the Head Injury Service Coordinator.

- A monthly progress report to the Head Injury Service Coordinator indicating the client's and/or family's functional changes in ability to cope with changes due to TBI during the period, successful coping strategies identified, barriers to acquisition of coping strategies, potential indicators for future counseling intervention/mental health services.

NOTE: Refer to Monthly Progress Report, page 77

DOCUMENTATION REQUIREMENTS:

Providers must retain for three years, from the date of service, fiscal and treatment records that coincide with and fully document services billed to Department of Health and Senior Services (DHSS), and must furnish or make the records available for inspection or audit by DHSS or its representative upon request. Failure to furnish, reveal and retain adequate documentation for services billed to DHSS may result in recovery of the payments for those services not adequately documented and may result in sanctions to the provider's participation in DHSS programs. This policy continues to apply in the event of the provider's discontinuance as an actively participating DHSS provider through change of ownership or any other circumstance.

REFERRAL INDICATOR (S):

Adjustment Counseling may be requested when:

- Client and/or family exhibit difficulty in adjusting to losses associated with traumatic brain injury.
- Client demonstrates ability to perform abstract reasoning and has verbal processing skills necessary to benefit from counseling interventions.
- Client and or family demonstrate ability to apply information learned within counseling sessions to daily life.

DESIRED OUTCOME (S):

- Client/family report improved psychological functioning.
- Client/family demonstrate improved overall adjustment relative to residual effects of traumatic brain injury.
- Long-term follow up community resources have been identified for ongoing needs.

COMPREHENSIVE DAY PROGRAM

SERVICE DESCRIPTION:

This service shall consist of intensive, comprehensive, facility-based, goal-directed skilled rehabilitation for persons who have completed acute medical rehabilitation or who have no major acute rehabilitation needs. Emphasis is on:

- acquisition and practice of functional skills, including those required for group interactions.
- adaptive strategies for cognition, memory, or perceptual deficits, and
- appropriate interpersonal and coping skills necessary to function as independently as possible in the community.

This service must include:

- education for the family on brain injury sequelae,
- specific identification of individualized compensatory strategies recommended for the participant, and
- training and practice for the family/key person to assure that strategies learned by the participant while in the program carry over into the home and community.

Services shall be designed to show progression from total facility-based interventions to individual or group community activities consistent with long-term goals in the client's SHCN Service Plan. A treatment plan for this service must be developed to assure:

- the family receives individualized information about expected outcomes and timeframes that prepares them to make decisions with the client for future needs;
- the family receives education about adaptive strategies for functional tasks and has ample time for practice with the client in the application of these strategies;
- the treatment team collaborates with any other service providers to assure a coordinated effort toward goals; and
- the client is prepared to make a transition to the next step after discharge with the benefit of the Comprehensive Day Program support.

The program differs from outpatient medical rehabilitation where persons are referred for a limited/single service and differs from acute rehabilitation which serves individuals who need a comprehensive rehabilitation program in a medically intensive care setting. The Comprehensive Day Program provides active rehabilitation/treatment as opposed to an adult day activity program providing respite to the family, socialization and maintenance activities. The program is not intended to function as a stroke rehabilitation program.

The program parallels the Medicaid Comprehensive Day Program for persons with traumatic brain injury, and is provided to clients who are not eligible for the Medicaid Comprehensive Day Program. This service may not duplicate another state agency service/program.

SERVICE LIMITATION(S):

This service will be approved for:

- maximum of 5 days a week, and
- one year in duration.*

* Calendar year will be used in determining start/ending dates for duration purposes.

For example: September 1, 2003, to September 1, 2004. Half days will be counted the same as full days for purposes of program duration. In the event an individual misses ten (10) or more continuous sessions due to medical reasons, the Service Coordinator may place the client on a Medical Hold Status and extend eligibility to equal the number of days missed.

PROVIDER REQUIREMENTS:

Comprehensive Day Program provider must:

- have a Department of Health and Senior Services (DHSS) Provider Participation Agreement for the provision of Comprehensive Day Program services
- meet accreditation standards of the Commission of Accreditation of Rehabilitation Facilities (CARF), for Brain Injury Community Integrative Programs **or** Medicaid certification for Comprehensive Day Program
- assure services are provided by an interdisciplinary team of consistent personnel. The team members shall be determined by the participant's individual needs.
- maintain individualized records showing actual service provider. Records of service delivery are subject to review by Department of Health and Senior Services' staff.

UNIT OF SERVICE	REIMBURSEMENT RATE
One 6-hour day	\$110.00
One 3-hour half-day	\$ 65.00

SERVICE PRODUCT:

- Written assessment report affirming the client-program match, the need for training for specific skill development relative to client's SHCN Service Plan, duration of treatment recommended, and long-term outcome goal within ten working days of admission. See Treatment Plan Template.
- Monthly reports showing specific progress toward objectives outlined in the Comprehensive Day Program plan.
- Expected date of discharge.
- Periodic consultation with the Head Injury Service Coordinator and any other providers involved with the client to facilitate coordinated long-term planning.

A monthly progress report to the Head Injury Service Coordinator indicating the client's functional changes in acquisition of compensatory skills for cognitive problems, functional changes in independent living skills during the period, successful methods used, barriers to acquisition of skills, and maximum achievement expected.

NOTE: Refer to Monthly Progress Report, page 77

DOCUMENTATION REQUIREMENTS:

Providers must retain for three years, from the date of service, fiscal and treatment records that coincide with and fully document services billed to Department of Health and Senior Services (DHSS), and must furnish or make the records available for inspection or audit by DHSS or its representative upon request. Failure to furnish, reveal and retain adequate documentation for services billed to DHSS may result in recovery of the payments for those services not adequately documented and may result in sanctions to the provider's participation in DHSS programs. This policy continues to apply in the event of the provider's discontinuance as an actively participating DHSS provider through change of ownership or any other circumstance.

REFERRAL INDICATOR(S):

The typical participant who enters the Comprehensive Day Program:

- has physical/mental capacity to actively participate in 3-hour one-half day or 6-hour full program day; and will be able to:
- communicate/interact effectively with group.
- manage self care (feeding, toileting, medications) with minimal assistance.
- physically navigate for community outings with adaptive or minimal assistance.

DESIRED OUTCOME(S):

Typical outcomes achieved by participants in the Comprehensive Day Program are:

- Clarification of long-term potential for return to work or school.
- Clarification of accommodations necessary for success in return to work or school.
- Compensatory strategies are identified for executive functioning (memory, planning, organizing, etc.) and adopted as habit.
- Client accomplishes individual or community group activities with assistance in planning and organization.
- Client carries out assigned evening or weekend tasks, with or without memory compensatory strategy.
- Client demonstrates readiness for Pre-Vocational/Pre-Employment Training or direct return to previous life roles.
- Family demonstrates ability to provide assistance to client in identified physical and/or cognitive compensatory strategies.

TRANSITIONAL HOME AND COMMUNITY SUPPORT TRAINING

This service provides training and practice with activities related to daily living and maintenance of a household. The assumption is that the natural environment of a survivor's home and community can afford effective opportunities for learning and practicing skills. Survivors may acquire and retain functional living skills best when these skills are taught in an environment that most closely resembles, or is the environment in which they will use these skills. Actual home and community-based activities shall be used in training.

Emphasis is on:

- teaching strategies directly to the client and family so that they can successfully manage roles and responsibilities for daily living and household operations independently.

The family's ability to assist in this learning process and/or to reinforce the learned skills in the natural environment is considered an integral component of this service.

Services are provided by a Qualified Head Injury Professional (QHIP) directly, or under the supervision of a QHIP. The planning team will determine the composition of the service and assure that it does not duplicate, nor is duplicated by, any other service provided to the individual.

Activities included in this service are:

- evaluating the family/home environment;
- identifying strategies that enable the client to effectively compensate for cognitive and/or physical impairments that are barriers to the performance of the types of activities required for independent living and household management. Examples of strategies are: memory notebooks, systematic calendar notes, alarm watches, timers, tape recorders, adaptive writing instrument, etc.
- providing instruction/training in acquisition of strategies and skills the client requires to independently care for his/her personal needs, to plan, organize and carry out activities appropriate for lifestyle and family role. Examples of training activities are: directing personal care, performing household management chores, menu planning, grocery shopping, meal preparation, budgeting, auto/lawn care, creating and maintaining a weekly schedule, developing emergency contingency plans, arranging and accessing public transportation, scheduling and keeping appointments with social service agencies, attorneys, physicians, etc.
- training the key family member/person how to support the client in acquisition of habitual use of strategies and self sufficiency skills;
- assisting the family to make adjustments to changes in roles by direct training in techniques, suggesting alternative solutions to common problems, identifying natural supports, or referring family members to appropriate services.

PROVIDER REQUIREMENTS:

The provider must:

- have a Department of Health and Senior Services (DHSS) Participation Agreement for Professional and Special Services Provider form and Provider Application for the provision of Transitional Home and Community Support Training. Agencies certified by the Department of Social Services or Department of Mental Health for Personal Care Assistance, Day Habilitation, or licensed in Missouri as Home Health Care providers will be accepted by DHSS as long as direct care staff fulfill the requirements for direct care staff as listed below.
- The Supervisor must be a Qualified Head Injury Professional (QHIP) with a bachelor's or master's degree in Rehabilitation Services, Education, Special Education, Social Work, Psychology, Rehabilitation Counseling or Counseling. The Supervisor:
 - may supervise up to 12 direct care staff;
 - is responsible for development of treatment goals. Activities may be carried out by a direct care staff worker that meets qualifications listed below;
 - must ensure that the direct care staff worker is trained in intervention methods for specific participants in daily activities identified by the planning team.
- Direct care staff must have a High School diploma or equivalent, **and** within six months of employment, have completed training in the Primary Skills from the Direct Care Worker Competency List, including all six domains:
 - General Overview
 - Working with the Consumer in His/Her Environment
 - Professional Role and Job Skills of the Direct Care Worker
 - Learning About Community Resources
 - Safety and Welfare of the Consumer
 - Policies of the Direct Care Worker's Organizational System

After the first year of employment, direct care staff must have a minimum of five (5) hours per year of continuing education specifically related to job duties.

DOCUMENTATION REQUIREMENTS:

Providers must retain for three years, from the date of service, personnel qualification and training records for services provided, documentation of supervision provided according to the unique needs of the individual, and must furnish or make the records available to inspection or audit by Department of Health and Senior Services (DHSS) or its representative upon request.

Providers must retain for three years, from the date of service, fiscal and treatment

records that coincide with and fully document services billed to DHSS, and must furnish or make the records available for inspection or audit by DHSS or its representative upon request. Failure to furnish, reveal and retain adequate documentation for services billed to DHSS may result in recovery of the payments for those services not adequately documented and may result in sanctions to the provider's participation in DHSS programs. This policy continues to apply in the event of the provider's discontinuance as an actively participating DHSS provider through change of ownership or any other circumstance.

Documentation must include evidence of client and family's agreement with and participation in goal setting, and must document regular clinical supervision consistent with the overall service plan.

UNIT OF SERVICE	REIMBURSEMENT RATE
1/4 HOUR	\$8.00

SERVICE PRODUCT:

Initial written assessment and treatment plan listing specific behavioral objectives directed towards independent living skills. The initial treatment plan must:

- Incorporate information from current and previous assessment of the client's independent living skills;
- Show how the provider plans to work with the family/significant others to train the client towards mastery in specific skills essential to safe independent living. Documentation must include evidence of the family's/significant other's agreement with and participation in activities to ensure sustainable natural supports.
- A monthly progress report to the Head Injury Service Coordinator indicating the client's functional changes in targeted independent living skills during the period, successful methods used, barriers to acquisition of skills, and maximum achievement expected.

NOTE: Refer to Monthly Progress Report, page 77

- Documentation of regular clinical staff supervision directing the development of compensatory strategies consistent with the overall service plan and goals.
- An exit transition plan that is discussed with the client, family/significant other and Head Injury Service Coordinator before withdrawing paid supports. A copy of the transition plan shall be provided to the client/family. The transition plan shall show how the skills acquired through this service will be sustained. The transitional plan shall identify potential areas of ongoing needs that may require lifelong support for consideration by the planning team.

REFERRAL INDICATORS:

The typical participant appropriate for this service has:

- Specific needs identified for training in functional tasks necessary for successful

independent living in the home and community;

- An assessment that recommends the participant receive training in a home/community-based setting rather than a facility-based setting in order to promote the optimal generalization of skills for independent living.
- Demonstrated the ability to learn and incorporate strategies to make changes in functioning relative to independent living and community participation.

DESIRED OUTCOME(S):

- Client resumes previous life role, or role activities are redistributed to other family members/natural supports
- Client is independent in household management, and/or natural supports are in place
- Client has acquired identified adaptive equipment and has demonstrated proficiency in its use
- Compensatory strategies are identified and incorporated that enable the client to effectively manage everyday self care and household management tasks as independently as possible
- Community transportation access is identified and available to the client as needed to live independently
- Client is able to plan at least one week ahead for normally scheduled events
- Client demonstrates ability to adjust plans for unexpected events
- Client has developed a plan and identified contact persons for assistance during unusual circumstances and/or emergency situations
- Ongoing unmet needs are identified and referrals have been made for lifelong supportive services as indicated

PRE-VOCATIONAL/PRE-EMPLOYMENT TRAINING

SERVICE DESCRIPTION:

This service uses actual work experience to promote the client's utilization of behavioral and/or cognitive compensatory strategies in a facility-based or community site work setting. Specific target goals are identified for intervention such as production rate, inappropriate social behavior, or fatigue that are barriers to direct vocational placement or entry into Division of Vocational Rehabilitation (DVR) services. The client is directly supervised at all times by a Qualified Head Injury Provider (QHIP). Supervision may be provided for a group of clients, however, the staff/client ratio must allow for individualized feedback to each client regarding specific behavioral objectives.

SERVICE LIMITATION(S):

This service is provided to participants who:

- express an interest in vocational pursuits
- are not currently eligible for services through the DVR, and
- have the capacity to improve function relative to potential employment within one calendar year*.

*Calendar year will be used in determining start/ending dates for duration purposes.

For example: September 1, 2003, to September 1, 2004. Half days will be counted the same as full days for purposes of service duration. In the event an individual misses ten (10) or more continuous sessions due to medical reasons, the Service Coordinator may place the client on a Medical Hold Status and extend eligibility to equal the number of days missed.

PROVIDER REQUIREMENTS:

The provider must:

- have a Department of Health and Senior Services (DHSS) Participation Agreement for Professional and Special Services Provider form and Provider Application for the provision of pre-vocational/pre-employment training services
- have a formalized relationship with DVR and/or other local employment agencies
- have documented policies and procedures in place to safeguard the safety and well being of the participants served
- The Supervisor must be a QHIP, with a bachelor's or master's degree in Vocational Rehabilitation Services **or** an individual with a degree in Rehabilitation Services, Rehabilitation Counseling, Education or Special Education with at least two (2) years experience working with persons with brain injury on employment issues. The Supervisor:

- Is responsible for development of treatment goals. A direct care staff worker that meets qualifications listed below may carry out activities.
- Must ensure that the direct care staff worker is trained in intervention methods for specific participants in pre-employment activities identified by the planning team.
- Direct care staff must have a High School diploma or equivalent, **and** within six months of employment, have completed training in the Primary Skills from the Direct Care Worker Competency List, including all six domains:
 - General Overview
 - Working with the Consumer in His/Her Environment
 - Professional Role and Job Skills of the Direct Care Worker
 - Learning About Community Resources
 - Safety and Welfare of the Consumer
 - Policies of the Direct Care Worker's Organizational System

After the first year of employment, direct care staff must have a minimum of five (5) hours per year of continuing education specifically related to job duties.

UNIT OF SERVICE	REIMBURSEMENT RATE
One 6-hour day	\$110.00
One 3-hour half-day	\$ 65.00

SERVICE PRODUCT:

- Initial written detailed assessment and treatment plan listing specific behavioral objectives directed toward preparing the client for potential employment. The initial treatment plan must:
 - Incorporate information from current and previous assessment of the client's employment readiness;
 - Show how the provider plans to work with the client to address specific barriers to readiness for DVR services or direct employment;
 - Show how the provider plans to incorporate input from the client, family and DVR counselor.
- Documentation of regular staff supervision directing the development of compensatory strategies consistent with the overall service plan and goals.

- Documentation showing ongoing participation by DVR.

A monthly progress report to the Head Injury Service Coordinator indicating the client's functional changes in work readiness skills during the period, successful methods used, barriers to acquisition of skills, and maximum achievement expected.

NOTE: Refer to Monthly Progress Report, page 77

DOCUMENTATION REQUIREMENTS:

Providers must retain for three years, from the date of service, fiscal and treatment records that coincide with and fully document services billed to DHSS, and must furnish or make the records available for inspection or audit by DHSS or its representative upon request. Failure to furnish, reveal and retain adequate documentation for services billed to DHSS may result in recovery of the payments for those services not adequately documented and may result in sanctions to the provider's participation in DHSS programs. This policy continues to apply in the event of the provider's discontinuance as an actively participating DHSS provider through change of ownership or any other circumstance.

REFERRAL INDICATOR(S):

The typical participant appropriate for this service meets the following guidelines:

- Stated interest in vocational pursuit is expressed by client/family
- Client is of working age (21-60)
- Client is able to provide independent routine self-care, or arrangements have been made for assistance during time at the training facility
- Assessments indicate potential to identify specific vocational goal
- Assessments indicate ability to learn with constructive feedback, modeling, behavioral interventions
- Assessments indicate ability to improve performance rate to the level of volunteer, sheltered, supported or competitive employment

DESIRED OUTCOME(S):

- Identification of performance relative to competitive employment standards, and recommendation for an appropriate work setting for the future;
- Clarification of feasible vocational goal and specific occupational areas for further exploration;
- Client's current specific work related strengths and weakness are identified for consideration by DVR and planning team when making future vocational plans;
- Identification of accommodations necessary to obtain and maintain community work, whether volunteer, sheltered or competitive employment;

- Entrance into sheltered employment or other DVR services such as Supported Employment Program, or competitive employment within a year from entry into this service.

SUPPORTED EMPLOYMENT/FOLLOW ALONG

SERVICE DESCRIPTION:

Supported Employment/Follow Along is a service that provides continued support and training in an integrated work setting for clients who have completed the Supported Employment program through the Division of Vocational Rehabilitation (DVR) and require additional intervention. **Written documentation of the client's completion of the DVR Supported Employment Program is required.**

Activities included in this service are:

- Problem solving specific on-the-job situations
- Job coaching/training in required duties
- Educating employer/coworkers on strategies/support techniques, including behavioral management
- Client advocacy that will enhance job retention. For example, evaluating the work environment for possible task sharing with coworkers
- Monitoring job performance including spot checking, ongoing contact with employer to assure success

Emphasis is on:

- maintenance of skills acquired through the time-limited DVR Supported Employment Program;
- extended support and follow along while completing on-the-job skill training;
- development of natural supports in the workplace that will ultimately replace paid supports and assure successful long-term job retention.

This service may also include preventive assistance when the client's job is in jeopardy because of a failure to adjust to changing circumstances, such as the following:

- A change has occurred within the work environment, for example, a different supervisor or procedure;
- The client's job duties have changed, for example, because of a promotion or previously unidentified need for accommodation that requires additional training.

SERVICE LIMITATION(S):

- This service may cover a maximum of 25% of the client's working hours.
- The number of hours covered by Department of Health and Senior Services (DHSS) will not be greater than the number of hours the client was receiving at the time of discharge from the Division of Vocational Rehabilitation (DVR) Supported Employment program.
- **Specific skills/strategy needs that were identified during the DVR program, and require extended training of the client and/or staff to assure long-term job retention must be stated in the treatment plan.**

RECIPIENT ELIGIBILITY:

Individuals receiving supported employment services must have applied for services through the DVR and successfully completed the DVR Supported Employment program.

Documentation of successful completion of DVR's program stating the hours of supported employment the client was receiving at time of discharge from DVR, as well as specific unmet needs, must be sent with the prior authorization. The name of the client's DVR contact must also be submitted.

PROVIDER REQUIREMENTS:

Provider must:

- have a Department of Health and Senior Services (DHSS) Participation Agreement for Professional and Special Services Provider form and Provider Application for the provision of Supported Employment Services
- be part of an established program that has a formalized relationship with Vocational Rehabilitation
- The Supervisor who directs this service must be a Qualified Head Injury Professional (QHIP), with a bachelor or masters' degree in Vocational Rehabilitation Services **or** an individual with a degree in Rehabilitation Services, Rehabilitation Counseling, Education or Special Education with at least two (2) years experience working with persons with brain injury on employment issues.
The Supervisor:
 - may supervise up to 12 direct care staff;
 - is responsible for development of treatment goals. Activities may be carried out by a direct care staff worker that meets qualifications listed below;
 - must ensure that the direct care staff worker is trained in intervention methods for specific participants in daily activities identified by the planning team.
- Direct care staff must have a High School diploma or equivalent, **and** within six

months of employment, have completed training in the Primary Skills from the Direct Care Worker Competency List, including all six domains:

- General Overview
 - Working with the Consumer in His/Her Environment
 - Professional Role and Job Skills of the Direct Care Worker
 - Learning About Community Resources
 - Safety and Welfare of the Consumer
 - Policies of the Direct Care Worker's Organizational System
- Direct care staff must be trained in assisting the specific participant with job activities identified by DVR and/or the planning team.

SERVICE PRODUCT:

- Initial written detailed assessment and treatment plan listing specific behavioral objectives directed towards job retention skills. The initial treatment plan must:
 - incorporate information from previous DVR Supported Employment services received;
 - show how the provider plans to work with the employer and coworkers to decrease the client's dependence on state funding.
- Documentation of regular staff supervision directing the development of goals focused on training in compensatory strategies to enhance successful job retention.
- Documentation must show continuing information exchange with DVR. Goals must be consistent with the client's Head Injury Service Plan.
- A monthly progress report to the Head Injury Service Coordinator indicating:
 - the client's functional changes in work-related skills during the period,
 - successful methods used with individual and coworkers,
 - barriers to acquisition of skills, and
 - maximum achievement expected.

NOTE: Refer to Monthly Progress Report, page 77

A written exit transition plan that is discussed with the client, work supervisor, and Head Injury Service Coordinator before withdrawing paid supports. Copies of the transition plan shall be provided to the client/family, DVR, and employer, and shall include:

- potential areas for troubleshooting, including likely solutions

- potential behaviors or events that should trigger re-contact with staff,
- the person to contact in the event of problems requiring intervention.

DOCUMENTATION REQUIREMENTS:

Providers must retain for three years, from the date of service, fiscal and treatment records that coincide with and fully document services billed to DHSS, and must furnish or make the records available for inspection or audit by DHSS or its representative upon request. Failure to furnish, reveal and retain adequate documentation for services billed to DHSS may result in recovery of the payments for those services not adequately documented and may result in sanctions to the provider's participation in DHSS programs. This policy continues to apply in the event of the provider's discontinuance as an actively participating DHSS provider through change of ownership or any other circumstance.

REFERRAL INDICATOR(S):

The participant who enters this service:

- Must have successfully completed DVR Supported Employment program
- Must be in competitive employment in an integrated work setting
- Must have specific behaviors and/or job retention skills identified by DVR Supported Employment Program requiring targeted intervention beyond the time-limited DVR services

DESIRED OUTCOME(S):

- Natural work supports are in place – employer and coworkers consistently demonstrate useful support methods and techniques for typical job situations
- Quality and quantity of work are within agreed upon expectations
- Employer reports satisfaction with client's work
- Client demonstrates good attendance and punctuality
- Client demonstrates positive work attitude and work behavior
- Paid services are weaned gradually until phased out completely
- Employer and coworkers have been informed of possible events that may provide challenges for the client and warrant further contact with DVR.

SPECIAL INSTRUCTION

SERVICE DESCRIPTION:

This service consists of tutoring/instruction by qualified staff for specific subjects, targeted compensatory strategies, or skills related to achievement of the long-term goal in Program Service Plan. Examples of this service include special tutoring for:

- college courses,
- GED preparation,
- an adaptive skill such as one-handed typing,
- driver's license exam,
- learning the use of assistive technology devices, etc.

SERVICE LIMITATION(S):

This service:

- may not duplicate any service covered by another state agency.
- does not take the place of general education to improve basic skills, such as reading and mathematics, beyond achievement prior to injury.
- may include consultation/training with a key family member in order to maximize learning.

PROVIDER REQUIREMENTS:

The Provider must:

- have a Department of Health and Senior Services (DHSS) Participation Agreement for Professional and Special Services Provider form and Provider Application for the provision of Special Instruction
- be a Qualified Head Injury Professional (QHIP) with a bachelors or masters' degree in Education, Special Education, or Speech Therapy, and
- have one year of experience working directly with persons with brain injury

DOCUMENTATION REQUIREMENTS:

Providers must retain for three years, from the date of service, fiscal and treatment records that coincide with and fully document services billed to DHSS, and must furnish or make the records available for inspection or audit by DHSS or its representative upon request. Failure to furnish, reveal and retain adequate documentation for services billed to DHSS may result in recovery of the payments for those services not adequately documented and may result in sanctions to the provider's participation in DHSS programs. This policy continues to apply in the event of the provider's discontinuance as an actively participating DHSS provider through change of ownership or any other circumstance.

UNIT OF SERVICE	REIMBURSEMENT RATE
1/4 HOUR	\$ 4.00

SERVICE PRODUCT:

Written detailed initial report that includes a thorough review of all assessment and treatment records to date. Report should include assessment of current functioning relative to desired competency identified in the SHCN Service Plan. The report must include the scope, frequency and duration of educational intervention required for acquisition of competency. The initial report must be forwarded to the Head Injury Service Coordinator within ten working days of initial visit. Monthly Progress reports are required.

A monthly progress report to the Head Injury Service Coordinator indicating:

- the client's function related to the treatment plan goals and outcomes;
- successful teaching strategies used;
- barriers to learning achievement;
- maximum achievement expected; and
- identification of available natural supports to sustain learned information and/or skills.

NOTE: Refer to Monthly Progress Report, page 77

REFERRAL INDICATOR(S):

Participants appropriate for this service have:

- Specific educational intervention indicated as a need in SHCN Service Plan as intermediate step in accomplishing long-term goal
- The ability to incorporate compensatory strategies to facilitate acquisition of new learning

DESIRED OUTCOME(S):

- Client is able to participate successfully in college course(s) using targeted compensatory strategies
- GED is successfully obtained
- Functional skill such as one-handed typing is acquired at level required for sheltered employment or volunteer placement
- Driver's license exam is taken successfully
- Client is able to master assistive technology device/equipment required to facilitate accomplishment of long-term goal

PHYSICAL THERAPY EVALUATION/TREATMENT

SERVICE DESCRIPTION:

Physical Therapy is a skilled service designed to treat physical motor dysfunction through various modalities as prescribed by a physician and following a physical motor evaluation. It is provided to individuals who demonstrate rehabilitative needs affecting the acquisition of skills required for independent functioning related to the individual's outcome goal indicated in the SHCN Service Plan.

This service includes clinical consultation to individuals, family members, primary caregivers or other programs regarding positioning, exercises and other activities for a specified client in order to maximize function across settings in the community.

SERVICE LIMITATIONS:

- This service is not intended to take the place of acute physical therapy services recommended as part of the individual's acute rehabilitation treatment or follow-up.
- This service cannot be billed for clients currently receiving physical therapy as a component of another service the client receives through Head Injury Service or Medicaid.

PROVIDER REQUIREMENTS:

The physical therapy administrative provider must:

- have a Department of Health and Senior Services (DHSS) Participation Agreement for Professional and Special Services Provider form and Provider Application for the provision of physical therapy services
- be a Qualified Head Injury Professional (QHIP) and licensed as a physical therapist with the State of Missouri.

Physical therapy treatment may be carried out by a licensed physical therapist assistant as long as a physical therapist provides direct supervision consistent with professional standards. Both the supervising physical therapist and the physical therapist assistant must have a current DHSS Provider Participation Agreement.

UNIT OF SERVICE	REIMBURSEMENT RATE
1/4 HOUR	\$ 10.50

SERVICE PRODUCT:

Written detailed assessment with treatment plan within ten working days of consultation. Goals must be related to clients functional outcome goal indicated in the SHCN Service Plan and specify expected duration needed to reach stated goal. Ongoing assessment of client progress must be reported monthly to the Service Coordinator. **See Monthly Progress Report page 77.** Treatment plan and intervention must incorporate

consultation with key persons identified by the Service Coordinator in order to facilitate maximum generalization across settings.

DOCUMENTATION REQUIREMENTS:

Providers must retain for three years, from the date of service, fiscal and treatment records that coincide with and fully document services billed to DHSS, and must furnish or make the records available for inspection or audit by DHSS or its representative upon request. Failure to furnish, reveal and retain adequate documentation for services billed to DHSS may result in recovery of the payments for those services not adequately documented and may result in sanctions to the provider's participation in DHSS programs. This policy continues to apply in the event of the provider's discontinuance as an actively participating DHSS provider through change of ownership or any other circumstance.

REFERRAL INDICATOR(S):

The typical participant referred for this service must have:

- Physician referral
- Functional goals related to long-term goals in SHCN Service Plan
- Goals achievable within timeframe identified in SHCN Service Plan

DESIRED OUTCOME(S):

- Client demonstrates increase in function related to long-term goal
- Collaboration occurs across providers regarding physical therapy goals

OCCUPATIONAL THERAPY EVALUATION/TREATMENT

SERVICE DESCRIPTION:

Occupational therapy is a skilled service designed to treat upper extremity motor dysfunction and cognitive dysfunction that affect performance of activities of daily living. The service includes evaluation, identification of adaptive equipment and/or energy conservation strategies that facilitate performance of daily living tasks, task analysis to facilitate planning and organization, and therapeutic activities directed toward instrumental activities of daily living. Therapeutic activities may be conducted in a variety of settings.

This service includes clinical consultation to individuals, family members, primary caregivers or other programs regarding exercises and other activities for a specified client in order to maximize function across settings in the community.

SERVICE LIMITATIONS:

- This service is not intended to take the place of occupational therapy services recommended as part of the individual's acute rehabilitation treatment or follow-up.
- This service cannot be billed for clients currently receiving occupational therapy as a component of another service the client receives through Head Injury Service or Medicaid.

PROVIDER REQUIREMENTS:

Occupational therapy providers must:

- have a Department of Health and Senior Services (DHSS) Participation Agreement for Professional and Special Services Provider form and Provider Application for the provision of occupational therapy
- be a Qualified Head Injury Professional (QHIP) and licensed as an occupational therapist with the State of Missouri.

Treatment activities may be carried out by a licensed, Certified Occupational Therapist Assistant (COTA) under the supervision of an occupational therapist as long as an occupational therapist provides direct supervision consistent with professional standards. Both the supervising occupational therapist and the occupational therapist assistant must have a current DHSS Provider Participation Agreement.

UNIT OF SERVICE	REIMBURSEMENT RATE
1/4 HOUR	\$10.50

SERVICE PRODUCT:

Written detailed assessment with treatment plan within ten working days of consultation. Goals must be related to client's outcome goal indicated in the SHCN Service Plan and specify expected duration needed to reach stated goal. Ongoing assessment of client progress must be reported at least monthly to the Service Coordinator. **See Monthly Progress Report page 77.** Treatment plan and intervention must incorporate consultation with key persons identified by the Service Coordinator in order to facilitate maximum generalization across settings.

DOCUMENTATION REQUIREMENTS:

Providers must retain for three years, from the date of service, fiscal and treatment records that coincide with and fully document services billed to Department of Health and Senior Services (DHSS), and must furnish or make the records available for inspection or audit by DHSS or its representative upon request. Failure to furnish, reveal and retain adequate documentation for services billed to DHSS may result in recovery of the payments for those services not adequately documented and may result in sanctions to the provider's participation in DHSS programs. This policy continues to apply in the event of the provider's discontinuance as an actively participating DHSS provider through change of ownership or any other circumstance.

REFERRAL INDICATOR(S):

The typical participant referred for this service must have:

- Physician referral
- Functional therapy goals are related to long-term goals in SHCN Service Plan
- Goals are achievable within timeframe identified in SHCN Service Plan

DESIRED OUTCOME(S):

- Client demonstrates increase in function related to long-term goal
- Collaboration occurs across providers regarding occupational therapy goals

SPEECH THERAPY EVALUATION AND TREATMENT

SERVICE DESCRIPTION:

Speech therapy is a skilled service designed to evaluate and treat disorders of speech and language that affect functional communication, thereby creating barriers to living and working independently. This service may also include treatment of cognitive dysfunction specifically related to receptive and expressive language functions, but not beyond the level achieved prior to injury.

This service includes clinical consultation to individuals, family members, primary caregivers or other programs regarding equipment, exercises and other activities for a specified client in order to maximize function across settings in the community.

SERVICE LIMITATIONS:

- This service is not intended to take the place of acute speech therapy services recommended as part of the individual's acute rehabilitation treatment or follow-up.
- This service cannot be billed for clients currently receiving speech therapy as a component of another service the client receives through the Head Injury Service or Medicaid.

PROVIDER REQUIREMENTS:

Speech therapy provider must:

- have a Department of Health and Senior Services (DHSS) Participation Agreement for Professional and Special Services Provider form and Provider Application for the provision of speech therapy services
- be a Qualified Head Injury Professional (QHIP) and licensed as a speech therapist with the State of Missouri. This service may not be provided by a paraprofessional.

UNIT OF SERVICE	REIMBURSEMENT RATE
1/4 HOUR	\$10.50

SERVICE PRODUCT:

Written detailed assessment with treatment plan within ten working days of consultation. Goals must be related to client's outcome goal indicated in the SHCN Service Plan and specify expected duration needed to reach stated goal. Ongoing assessment of client progress must be reported at least monthly to the Service Coordinator. **See Monthly Progress Report page 77.** Treatment plan and intervention must incorporate consultation with key persons identified by the Head Injury Service Coordinator in order to facilitate maximum generalization across settings.

DOCUMENTATION REQUIREMENTS:

Providers must retain for three years, from the date of service, fiscal and treatment records that coincide with and fully document services billed to Department of Health and Senior Services (DHSS), and must furnish or make the records available for inspection or audit by DHSS or its representative upon request. Failure to furnish, reveal and retain adequate documentation for services billed to DHSS may result in recovery of the payments for those services not adequately documented and may result in sanctions to the provider's participation in DHSS programs. This policy continues to apply in the event of the provider's discontinuance as an actively participating DHSS provider through change of ownership or any other circumstance.

REFERRAL INDICATOR(S):

The typical participant referred for this service must have:

- Physician referral
- Functional therapy goals related to long-term goals in SHCN Service Plan
- Goals are achievable within timeframe identified in SHCN Service Plan

DESIRED OUTCOME(S):

- Demonstrated increase in function related to long-term goal
- Collaboration occurs across providers regarding speech therapy goals

SOCIALIZATION SKILLS TRAINING

SERVICE DESCRIPTION

Socialization Skills Training focuses on improving clients' ability to recognize and self manage problematic social behaviors that interfere with successful community participation. This service shall include didactic instruction and actual practice of appropriate social skills for community settings. The community environment shall be used extensively to teach and practice individual interpersonal skills necessary to participate successfully in community activities. Family members and key significant others shall be included in this training in order to promote carryover and to provide for sustainability through natural supports.

The provider shall incorporate peer/professional feedback to evaluate the client's progress toward self management, and to promote carryover of appropriate social behaviors into community settings consistent with the client's long-term goals as identified by the planning team.

Clients shall be encouraged to express unique personal interests and lifestyles.

Transportation to Socialization Skills Training instruction offered at a facility may be approved under the following circumstances:

- The client has no other means of transportation to attend Socialization Skills Training conducted in the facility. Transportation to community activities must be planned utilizing community transportation that will be accessible to the client after completion of programming;
- Transportation must be requested on a separate Prior Authorization Form. A separate approval will be issued for related transportation.

This service cannot be billed for clients receiving similar services as a component of another Department of Health and Senior Services (DHSS) or Medicaid program.

SERVICE LIMITATION(S):

This service:

- is limited to a maximum of 26 half-day sessions. The initial treatment plan shall contain recommendations regarding the schedule of training sessions;
- cannot be billed for clients currently receiving socialization skills training as a component of another service the client receives through Head Injury Service or other state agency.

PROVIDER REQUIREMENTS:

Socialization Skills Training providers must:

- have a DHSS Participation Agreement for Professional and Special Services Provider form and Provider Application for the provision of Socialization Skills Training services;

- have a developed curriculum to address typical socialization problems encountered by individuals with TBI that includes provisions for community practice and self evaluation;
- be part of an organized and established agency that provides specialized services to individuals with head injuries and/or persons with disabilities.

The Supervisor must be a QHIP with a bachelor's degree in Recreational or Occupational Therapy, Psychology, Education, Special Education, or Social Work. The Supervisor:

- may supervise up to 12 direct care staff;
- must have a primary role in didactic instruction activities;
- is responsible for development of individualized treatment goals. Activities in the community may be carried out by a direct care staff worker that meets qualifications listed below;
- must ensure that the direct care staff worker is trained in intervention methods that assist individual participants in socialization skills acquisition.

Direct care staff must have a High School diploma or equivalent, **and** within six months of employment, have completed training in the Primary Skills from the Direct Care Worker Competency List, including all six domains:

- General Overview
- Working with the Consumer in His/Her Environment
- Professional Role and Job Skills of the Direct Care Worker
- Learning About Community Resources
- Safety and Welfare of the Consumer
- Policies of the Direct Care Worker's Organizational System

After the first year of employment, direct care staff must have a minimum of five (5) hours per year of continuing education specifically related to job duties.

UNIT OF SERVICE	REIMBURSEMENT RATE
One 3-hour half-day	65.00

SERVICE PRODUCT:

An individualized written intervention plan shall be developed that describes:

- specific barriers in socialization skills identified by the planning team that prevent

the client from social participation in the community;

- what specific socialization skills will be taught and practiced;
- what strategies will be used to address barriers in socialization skills identified by the planning team;
- what environment will be used for individualized practice of socialization skills;
- what mechanism will be used for professional and peer feedback to client/family;
- frequency and duration of intervention expected to achieve competency in acquisition of self management skills;
- expected maximum level of achievement.

A monthly progress report to the Head Injury Service Coordinator indicating:

- what barriers continue to exist for the client in managing interpersonal skills/socialization with peer groups,
- what progress was made on those barriers during the reporting month,
- what education/practice was provided for the family/significant other(s) during the month, including their response;
- what techniques/strategies have been effective,
- what priorities will be addressed in the coming month,
- expected duration of intervention needed, and
- expected outcome.

NOTE: Refer to Monthly Progress Report, page 77

DOCUMENTATION REQUIREMENTS:

Providers must retain for three years, from the date of service, fiscal and treatment records that coincide with and fully document services billed to Department of Health and Senior Services (DHSS), and must furnish or make the records available for inspection or audit by DHSS or its representative upon request. Failure to furnish, reveal and retain adequate documentation for services billed to DHSS may result in recovery of the payments for those services not adequately documented and may result in sanctions to the provider's participation in DHSS programs. This policy continues to apply in the event of the provider's discontinuance as an actively participating DHSS provider through change of ownership or any other circumstance.

REFERRAL INDICATORS:

The typical participant referred for this service meets the following:

- Client has specific interpersonal behaviors identified by the planning team that currently interfere with active participation in community activities;

- Client/family has expressed interest in improving interpersonal skills to improve socialization opportunities with peers;
- Client has the ability to learn and modify inappropriate social behaviors given strategies to do so.

DESIRED OUTCOME(S):

- Client demonstrates a sustainable improvement in self management of inappropriate social behaviors;
- Client's family/key significant others demonstrate knowledge of methods and techniques to support the client's appropriate social interactions in a variety of community settings;
- Client and family report an increase in successful community participation.

TRANSPORTATION

SERVICE DESCRIPTION:

This service shall consist of travel to and from certain specific rehabilitation programs as part of a SHCN Service Plan when other means of transportation are not accessible to the client.

The provider must state the SHCN or Medicaid rehabilitation service to which the client is being transported on the Transportation Prior Authorization request.

SERVICE LIMITATIONS:

- Transportation will only be approved for clients as a means of attending the following services funded through SHCN or Medicaid:
 - Comprehensive Day Program
 - Pre-Vocational/Pre-Employment Training
 - Socialization Skills Training (training in facility)
 - Transportation to/from Comprehensive Day Program for Medicaid-eligible clients will be approved only after program eligibility for Comprehensive Day Program has been determined by Medicaid. A written decision by Medicaid must be submitted to SHCN with each Transportation Prior Authorization request.
 - Transportation funds may not be used to reimburse the transport of clients in privately owned vehicles.
 - Maximum reimbursement is one round-trip per day per client.
 - Transportation service is provided only within the state of Missouri.

PROVIDER REQUIREMENTS:

The Provider must have a Department of Health and Senior Services (DHSS) Participation Agreement for Professional and Special Services Provider form and Provider Application for the provision of Transportation and have policies and procedures in place, which assure the safety and well being of clients transported. Providers certified by Medicaid for the provision of Non-Emergency Medical Transportation (NEMT) will be accepted by DHSS.

Direct service personnel must have documented training that addresses the following:

- CPR and First Aid
- Emergency Procedures
- Characteristics of traumatic brain injury
- Behavioral techniques effective for persons with TBI

TYPE	UNIT OF SERVICE	REIMBURSEMENT RATE
INDIVIDUAL	1 MILE	\$ 1.25
GROUP-SAME LOCATION	1 MILE*	\$ 1.25
GROUP-DIFFERENT LOCATIONS	1 MILE**	\$ 1.25

* Pro-rated equally among eligible clients

** Point to point

DOCUMENTATION REQUIREMENTS:

Providers must retain for three years, from the date of service, fiscal and treatment records that coincide with and fully document services billed to DHSS, and must furnish or make the records available for inspection or audit by DHSS or its representative upon request. Failure to furnish, reveal and retain adequate documentation for services billed to DHSS may result in recovery of the payments for those services not adequately documented and may result in sanctions to the provider's participation in DHSS programs. This policy continues to apply in the event of the provider's discontinuance as an actively participating DHSS provider through change of ownership or any other circumstance.

REFERRAL INDICATOR(S):

The typical client referred for this service is unable to access normalized means of transportation, such as public, family/friend, because:

- of physical or cognitive barriers
- providing such transportation creates a hardship for the family
- such transportation is unavailable in the community

EXAMPLES

Individual:

- Used when a person is transported individually
- Must include one-way mileage to/from home/pick-up point to rehabilitation facility
- Maximum of one round trip per day per client

Example: Distance from client's home to rehabilitation program is 15 miles.
Allowable mileage is 15 x 2 or 30 miles per day.

Group (same location):

- Used when multiple clients are transported from same pick-up point to rehabilitation program.
- Must include list of clients' names
- Must include 1-way mileage to/from pick-up point to rehabilitation facility

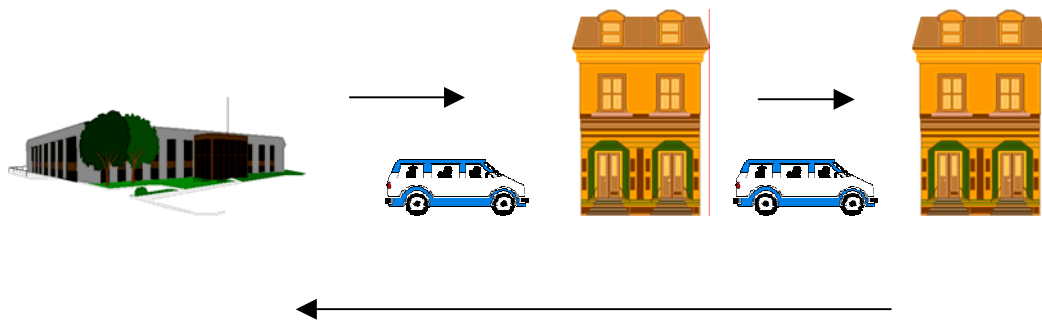
- Maximum of one round trip per day

Example: Distance from pick-up point to rehabilitation is 15 miles. Three DHSS/Medicaid clients are transported. Allowable mileage per client is 15 divided by 3 times 2 = 10 miles per day per client.

Group (different locations):

- Used when multiple clients are transported from different pick-up points to/from rehabilitation program
- Must include list of clients' names and mileage between each pick-up point. (See diagram below)
- Maximum of one round trip per day per client, between client pick-up points

Example: Distance from client 1 - client 2 is 12.5 miles. Allowable mileage for client 2 is 12.5 times 2 = 25 miles.



INELIGIBLE SERVICES

- Educational services as listed on an Individualized Education Plan (IEP).
- Vocational rehabilitation services covered by the Division of Vocational Rehabilitation, Rehabilitation Services for the Blind, or any other government agency.
- Acute hospital care/surgery.
- Outpatient medical care, such as physician's office visits.
- Equipment, medical supplies, medication.
- Nursing home care.
- Services covered by Medicaid, private insurance, or other resources, public or private.
- Substance abuse programs except as the issue is addressed through Comprehensive Day Program, Transitional Home and Community Support, Counseling, and other Head Injury Services.
- Services offered through a provider not active in the SHCN or by a current provider who is not approved to offer that service, or who has not followed guidelines in the manual.

BILLING GUIDELINES

All claims must be submitted on:

- Health Insurance Claim Form-HCFA 1500, or
- UB 92 from hospitals

Each invoice should:

- Cover one month of services for all clients served by the provider;
- List each client's Department Client Number (DCN);
- Indicate the date service was provided;
- Indicate the procedure code and number of units for the service provided.

DETERMINING BILLING UNITS

- Use the attendance record for the client for the date of service;
- Add the number of units that most closely approximates the time the client received the service;
- Multiply the Reimbursement Rate for the service received by the number of units the client received on that date. (Contact time)

When the time of service exceeds a unit time period the provider is entitled to bill for the next unit up to the total number of units approved.

- **Example 1:** The client attended the scheduled service the entire week, however, missed one entire afternoon for a medical appointment. The client was prior approved for five (5) full days. The billable number of units is: Five (5) full days. Since there are two different codes for full and half days, even though the participant did not attend for a full day, a half-day unit has not been approved, and will be rejected.
- **Example 2 (1/4 hour unit):** The client attended the scheduled service for 50 minutes. The client was prior approved for four (4) units. The billable number of units is four (4) units, since the client was in attendance for a portion of the fourth unit of the approved time.

SUBMITTING THE INVOICE

One copy of the invoice form should be submitted to:
Missouri Department of Health and Senior Services
Special Health Care Needs
Adult Head Injury Service
P.O. Box 570
Jefferson City, MO 65102-0570

All billings for approved services provided to approved clients must be submitted to the Department no later than sixty (60) days following the date services are provided or no later than sixty (60) days following receipt of payment determination by a third party payer. All bills must be submitted no later than ten (10) days after the close of the state fiscal year on June 30 of each year, or as notified by SHCN.

SHCN will not provide co-payment for services covered under any other program (Medicaid, Medicare, or private insurance).

When clients are covered by third-party payers that also cover the billed service, approval can be considered for payment only if a written denial has been submitted with each request for approval of services (Prior Authorization Form).

The Provider should allow 45 days for claims processing.

When the claim has been processed, a voucher will be sent with payment to the address listed during provider enrollment. Payment will be adjusted to the rate allowable as printed in the Provider manual, and noted on the voucher.

If a claim is rejected for any reason, an explanation will be printed on the voucher. Typical reasons for rejection may include:

- Service not prior authorized;
- Claim not filed within sixty (60) day timeline;
- Funds not available

CREDIT INVOICES

Credit invoices will be processed in the following circumstances:

- Duplicate payments
- Insurance payments
- Medicaid payments
- Payments made in error
- Over payments

The credit will be reflected on the next payment and voucher processed to the provider. Refunds should not be sent unless requested from the Department of Health and Senior Services.

CORRESPONDENCE

Any correspondence or payment sent by the Department of Health and Senior Services (DHSS) will be sent to the address shown on the Provider Participation Agreement. It is the responsibility of the provider to notify SHCN if the contact person or address change.

MONITORING

Providers must maintain accurate client invoice files. The DHSS has the authority to review client records and provider billings to assure that program guidelines are followed. Providers will be monitored periodically by program staff.

APPEALS

To appeal a claims decision the provider must submit the following information in writing within 30 days of issuance of DHSS voucher:

- Copy of original invoice listing client's name, DCN, date of service
- Brief written statement indicating reason for appealing the DHSS claims decision
- Any supporting documents required

After review by the DHSS, a written response will be sent to the Provider within 30 days.

PROVIDER APPLICATION/APPROVAL PROCESS

PROVIDER APPLICATION PROCESS

Individuals, Agencies or Rehabilitation Organizations may apply to be service providers for the Missouri Department of Health and Senior Services, Special Health Care Needs Adult Head Injury Service.

Provider qualifications vary for each service, and are listed on each service description page and summarized on pages 83-86. Print a Provider Application and Instructions for completion from the SHCN website or contact the Provider Service Representative.

The Provider Application Process is as follows:

Provider responsibility

- Complete and return DHSS Agency Provider Application (CC-35) and Participation Agreement (DH-74). See (CC-35) instructions and (DH-74) instructions for assistance in completion. **Send only one per agency, not one per service;**
- Submit documentation of Medicaid/Medicare provider status, if applicable;
- Submit copies of current certification/licensure, if required;
- The Provider is responsible for maintaining complete and current information with SHCN. Inaccuracies in information submitted will jeopardize application or continuation of the Provider Participation Agreement;
- The Provider is responsible for assuring that qualified individuals are hired and trained following the guidelines for each Head Injury service for which approved;
- **NOTE: The Provider must notify SHCN if:**
 - **Business name or address changes**
 - **Tax ID Number changes**

SHCN APPROVAL PROCESS

The Special Health Care Needs Provider Enrollment Unit will process the Provider Application (CC-35) and Participation Agreement (DH-74) in the following manner:

- Information submitted will be evaluated against requirements for service(s) for which the provider is requesting approval. This review will be completed within two weeks of date received.
- Any questions or incomplete information remaining upon review of material submitted will be summarized in writing, and sent by regular mail within two weeks of the date received to the provider for a response. If possible, minor questions may be handled with a phone call.
- A signed copy of the Participation Agreement (DH-74) and approval letter will be forwarded to the provider when the approval process has been completed.

- Providers should allow approximately 30 days for the approval process to be finally completed, assuming all application forms and documentation are in order.
- No claims will be reimbursed for services provided prior to the date the provider is officially approved (date of SHCN date stamp on the Participation Agreement and application).

PERIODIC PROVIDER REVIEW

The Participation Agreement (DH-74) will be reviewed on a regular schedule by SHCN.

- At the time of review SHCN will send a written notice to the provider informing of the need for review of information on file. The notice will list the current services the provider is enrolled to provide. The notice will be sent by regular Return Receipt mail. A [sample letter](#) is included in this section.
- The provider must submit any required materials within thirty (30) days after SHCN sends the notice of review. If unable to do so, the provider must contact SHCN to make arrangements for a timeline for submission.
- If no response has been received within thirty (30) days, SHCN policies will be followed regarding termination of inactive providers. No referrals will be made to the provider until the provider has made contact with SHCN.

INSTRUCTIONS FOR COMPLETION OF PROVIDER APPLICATION

1. VENDOR NUMBER	SHCN use only.
2. DEPT. AGREEMENT NO.	SHCN use only.
3. BUSINESS/AGENCY NAME	Enter the complete name of the agency/business who will provide the service
4. FEDERAL ID OR SOCIAL SECURITY NUMBER	Enter the federal tax identification number or the social security number that the provider will use to file federal income tax.
5. LOCATION ADDRESS	Enter the provider/individual mailing address (Street/City/State/Zip)
6. TELEPHONE NUMBER	Enter the phone number of the agency/individual provider.
7. FAX NUMBER	Enter the fax number of the agency/individual provider.
8. CITY, STATE, ZIP CODE	Enter city, state and zip code where agency/individual provider is located.
9. COUNTY	Enter county where agency/individual provider is located.
10. PAYMENT MAILING ADDRESS (IF DIFFERENT FROM LOCATION ADDRESS)	Enter the provider/individual mailing address for payment reimbursement.
11. TELEPHONE	Enter phone number of the agency/individual provider for payment reimbursement.
12. CITY, STATE, ZIP CODE	Enter city, state and zip code for payment reimbursement.
13. IS YOUR AGENCY A MEDICAID PROVIDER?	Enter yes or no, if yes, enter number(s).
14. TYPE OF SERVICES THAT YOU WILL PROVIDE TO SHCN PARTICIPANTS (SEE SECTION 17)	Check services that apply.
15. CERTIFICATION	By signing, I agree to the scope of work outlined above. I certify that all the information I provided is true and accurate.
16. SIGNATURE OF APPLICANT/AUTHORIZED REPRESENTATIVE	Enter signature of applicant/authorized representative.
17. SPECIALTY SERVICES	Check services you will be providing.
18. COUNTIES OF SERVICE	Check the county/counties you will be providing service in.

INSERT PROVIDER APPLICATION

INSTRUCTIONS FOR COMPLETION OF PARTICIPATION AGREEMENT

Complete as follows:

1. AGREEMENT NUMBER	SHCN use only.
2. O.A. VENDOR NUMBER	SHCN use only.
3. PROVIDER NAME	Enter the complete name of the agency/individual who will provide the service.
4. NAME OF AUTHORIZED REPRESENTATIVE	Individual designated by agency.
5. SIGNATURE OF PROVIDER OR REPRESENTATIVE	Provider or representative for provider to sign form.
6. DATE	Enter the date form is completed.
7. FEDERAL TAX I.D. OR SOCIAL SECURITY NUMBER	Enter the federal tax identification number or the social security number that the provider will use to file federal income tax.
8. TYPE OF PROVIDER	Mark the box for type of provider, if applicable. Write in type if "other".
9. PAYMENT MAILING ADDRESS	Enter the provider/individual mailing address for payment reimbursement. (Street/City/State/Zip)
10. STATE LICENSE NUMBER (IF APPLICABLE)	Enter the agency/individual state license number, if applicable.
11. TELEPHONE NUMBER	Enter the phone number of the agency/individual provider.
12. MINORITY OWNED/OPERATED	Mark the box yes or no if minority owned or operated business.
13. PROVIDER ENROLLMENT APPROVED	SHCN use only.

INSERT PARTICIPATION AGREEMENT

March 1, 2003

S A M P L E

Renn, Inc.
300 Joseph Street
Kansas City, MO 65602

Dear Provider:

Special Health Care Needs (SHCN) is conducting a review of the current services your agency is providing to SHCN participants.

A new Participation Agreement and Provider Application must be completed if you have had a name change or Federal Tax ID change. By signing this agreement providers agree to employ qualified individuals to provide services to SHCN. Although SHCN no longer requires the individual form and credentials on each individual, you may be audited periodically to determine if your agency employs qualified individuals. Please refer to the current SHCN Program Provider Manual for a listing of credentials required for individuals providing each service.

We appreciate the services you continue to provide to our participants.

Please complete the enclosed Participation Agreement and Provider Application form and return to the address below.

Service Provider Representative
Special Health Care Needs
930 Wildwood Drive, PO Box 570
Jefferson City, MO 65102

If you have any questions or concerns, feel free to call 573-751-6246.

These forms need to be completed and returned to this office by April 1, 2003 or your contract will be terminated due to no response.

Enclosed is a spreadsheet listing the services you are currently approved to provide. After reviewing the spreadsheet attached, please check the appropriate box or boxes below, initial, date, complete the enclosed Participation Agreement and Provider Application. Return the forms and this letter to SHCN.

- ☐ **INFORMATION ON THE ENCLOSED SPREADSHEET IS CORRECT.**
- ☐ **NAME, LOCATION ADDRESS OR PAYMENT ADDRESS OF AGENCY IS NOT CORRECT, (I have entered the correct information on the enclosed forms.)**
- ☐ **PLEASE ADD/DELETE THE FOLLOWING SERVICES:**

SA

MPLE COMPUTER PRINTOUT

Provider Information:

Provider Number:

431608916 00

Provider Name:

RENN INC

Mailing Address:

300 Joseph

Kansas City, MO 65602

Billing Address

300 Joseph

Kansas City, MO 65602

Phone:

816 213-5002

Contact Person:

JANE DOE

Services Approved:

PRE-VOCATIONAL/

PRE-EMPLOYMENT TRAINING

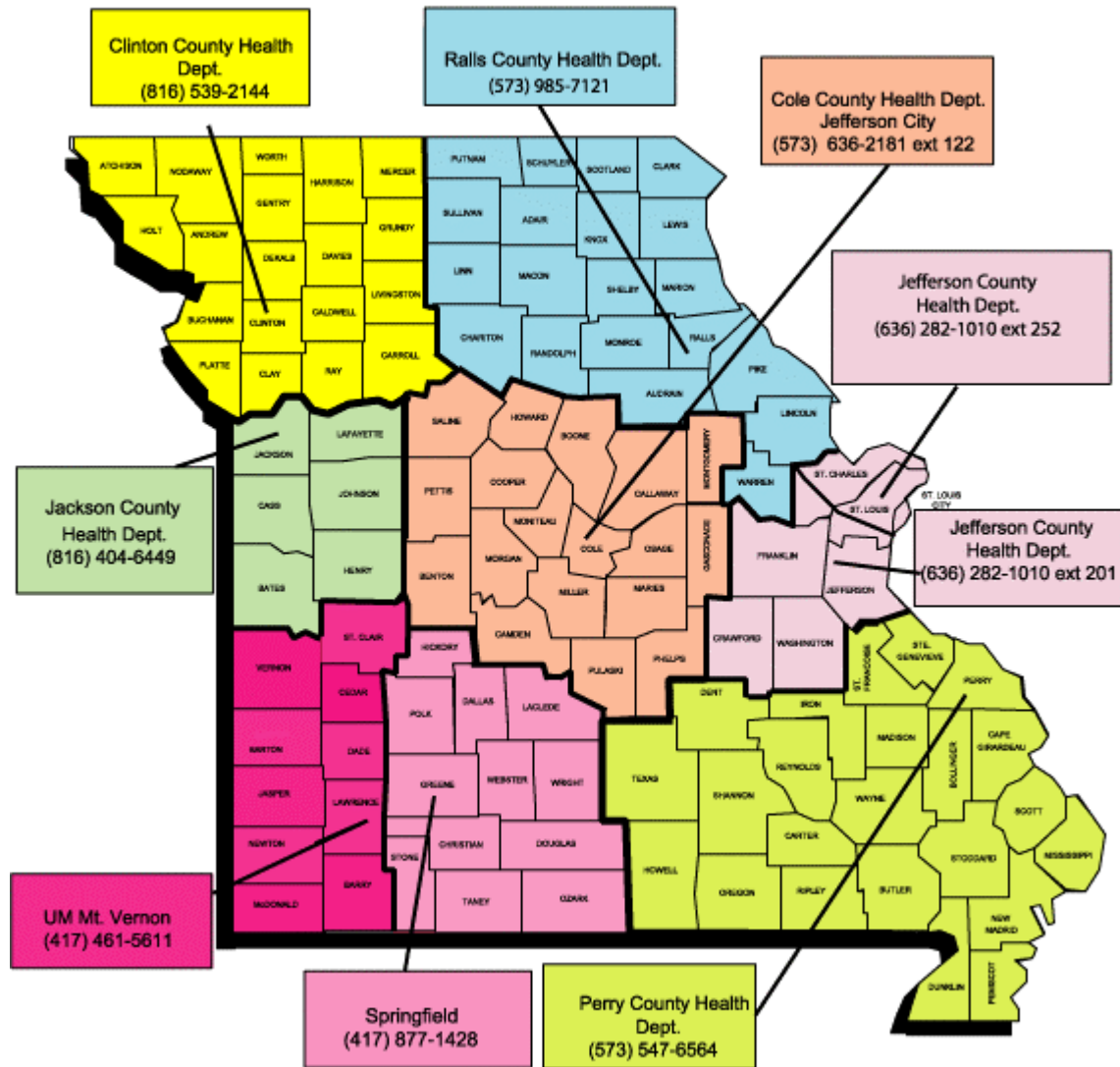
SUPPORTED EMPLOYMENT/FOLLOW
ALONG

SERVICE COORDINATION AREA MAP

Missouri Department of Health and Senior Services

Special Health Care Needs

Head Injury Service Coordination Areas



Updated 12/18/03

TREATMENT PLAN

TREATMENT PLAN

A written treatment plan must be prepared for each individual service the provider provides for Head Injury. The Provider should develop the treatment plan with input from the client's planning team. The Service Coordinator serves as the central point of knowledge about the client's functioning and needs, and will facilitate the coordination of services to assure that they match the client's needs at that particular time.

The treatment plan must be:

- Developed by a QHIP;
- Submitted to the Service Coordinator with the Prior Authorization request;
- Cover the time period of the Prior Authorization request;
- Essential to the accomplishment of the SHCN Service Plan/client's outcome goal.

The following components must be included in the treatment plan for consideration of SHCN funding:

Type of Plan

- Initial or Continuation
 - An Initial plan incorporates assessment information justifying reason for services (for example, neuropsychological or vocational evaluations)
 - A Continuation plan incorporates client's functional progress from previous services rendered
- Dates for which the provider's plan is written (must coincide with Prior Authorization request)
- Date service is scheduled to begin (if initial); or date the service began (if a continuation)
- Expected Target Date(s) for accomplishment of goals in the submitted plan

Demographic Information

- Name/Address
- DCN
- Date of Injury

Assessment of Client's Current Function (relative to client's stated long-term goal)

- Physical
- Cognitive
- Emotional
- Social

Barriers to Independence

- Identify primary barriers that will impact independence in educational/vocational, independent living, and/or community participation.

Service Goal

- Identify specific goals that are essential to the client's long-term outcome, such as participation in education, employment, independent living and independent leisure activities.

Service Objectives

- Identify specific client functional skills/competencies that the service will target during the plan's time period
- Identify specific methods/strategies that will be used in client/family training
- Identify what specific client changes will occur because of the services rendered during the plan's time period
- Identify what functional level the client is expected to achieve upon completion of the treatment plan
- Specify what benchmarks will be used to measure client's progress toward mastery of skills essential to long-term outcome
- Specify how this service will collaborate with any other services also in progress
- Specify how this service will work to educate and train natural supports to provide long-term supports for the client (family, friends, etc.)

Expected Duration

- Specify the frequency and duration of treatment needed to achieve expected maximum function

Client/Family Agreement and Involvement

- Identify key family/personal support individual(s) that will be included in the training activities addressed in the treatment plan
- Key family member or personal support individual(s) signature of agreement with proposed service plan and activities

MONTHLY PROGRESS REPORT

MONTHLY PROGRESS REPORT

A written monthly progress report (See Head Injury Rehabilitation Services Monthly Progress Report Form and Instructions) must be submitted for each individual service the provider provides for Head Injury. The Provider must address the following:

- Recognition of the SHCN Head Injury Outcome Goal;
- Overall progress toward service goals during authorized time period relative to expectations;
- Specific barriers to progress on service goals during current authorized period;
- Individual service goal status describing:
 - successful strategies/techniques used;
 - expected maximum achievement relative to goals;
 - client function at the beginning of the month and at the end of the month;
 - target date a goal is expected to be completed.

The Monthly Progress Report shall be:

- Completed by the service provider actually rendering the service. Supervisory input must be apparent if a Direct Care Worker is rendering the service.
- Submitted to the Service Coordinator on a pre-arranged monthly schedule.

The Monthly Progress Report must be submitted for consideration of SHCN funding.

The Service Interruption Notice is to be e-mailed or faxed to the Service Coordinator if the participant has missed three (3) or more scheduled, authorized visits. This Notice will notify the Service Coordinator that treatment is not proceeding as planned, and a contact with the provider and/or participant is necessary. The Service Coordinator will then determine if an alternate plan may be indicated, and keep the provider informed.

HEAD INJURY REHABILITATION SERVICES MONTHLY PROGRESS REPORT

REPORTING PERIOD FROM _____ to _____

Client Name: _____

Number visits this month _____

DCN Number: _____

Provider Name: _____

Authorized Service: _____

Contact Person: _____

Contact hours this month _____

SHCN HEAD INJURY REHAB SERVICES OUTCOME(S)			OVERALL PROGRESS IS:
<u>Vocational</u> <input type="checkbox"/> Competitive Employment <input type="checkbox"/> Supported Employment <input type="checkbox"/> Sheltered Employment <input type="checkbox"/> Volunteer	<u>Community Participation</u> <input type="checkbox"/> Fully Integrated <input type="checkbox"/> Integrated with natural supports* <input type="checkbox"/> Integrated with specialized external supports** <input type="checkbox"/> Primarily dependent on specialized supports	<u>Independent Living</u> <input type="checkbox"/> Fully Independent <input type="checkbox"/> Independent with natural supports* <input type="checkbox"/> Independent with external supports** <input type="checkbox"/> Group home/supervised living	<input type="checkbox"/> Ahead of schedule. <input type="checkbox"/> On target for completion by end of current authorized period. <input type="checkbox"/> Behind schedule (reason must be identified below) Specific barriers to progress this period: (check all that apply) <input type="checkbox"/> Client attendance <input type="checkbox"/> Client participation <input type="checkbox"/> Client behavior <input type="checkbox"/> Other: (Explain)

*Natural supports are family, friends, neighbors, coworkers
 **External supports are those provided by private or state agencies

INDIVIDUAL GOAL STATUS

GOAL STATEMENT (RELATED SHCN OUTCOME)	TARGET DATE	DESCRIBE METHOD(S) AND MAXIMUM ACHIEVEMENT LEVEL EXPECTED		MONTHLY PROGRESS DETAILS (DESCRIBE CLIENT FUNCTION)	
		STRATEGY USED	MAXIMUM EXPECTED LEVEL OF FUNCTION	BEGINNING OF MONTH	END OF MONTH
Goal 1.					
Goal 2.					
Goal 3.					
Goal 4.					

COMMENTS: _____

**HEAD INJURY REHABILITATION SERVICES
MONTHLY PROGRESS REPORT
INSTRUCTIONS FOR COMPLETION
(See Example, page 79)**

TOP OF FORM INFORMATION

1. Enter the dates of the Reporting Period (Example: June 1, 2003 – June 30, 2003).
2. Enter the Client's Name and DCN Number
3. Enter the Name of the Service authorized for the reporting time period
4. Enter the Provider Name and Contact Person (person who will know the most about the client's progress)
5. Enter the number of visits and contact hours during the reporting period
6. Check the appropriate box(es) to identify the SHCN Outcome level as agreed upon with the SHCN planning team
7. Check the status of Overall Progress this reporting period and indicate any specific barriers to progress for the period

INDIVIDUAL GOAL STATUS

8. Briefly restate the treatment goal in the shaded boxes and indicate whether the goal fits under the SHCN outcome of Vocational, Community Participation, or Independent Living
9. Target date: identify short term dates and a date for mastery achievement
10. Strategy Used: identify the method used to accomplish the goal
11. Maximum Expected Level of Function: identify what the client will be able to do when mastery is achieved
12. Monthly Progress Details: identify the client's ability at the beginning of the month and at the end of the month. If there has been no change in client's ability, so note. If a goal is behind expected schedule, information should be checked in the Overall Progress box above
13. Comments: Any explanatory comments for the service coordinator should be entered

HEAD INJURY REHABILITATION SERVICES MONTHLY PROGRESS REPORT

REPORTING PERIOD FROM July 1, 2003 to July 30, 2003

Client Name: Jane Doe
 DCN Number: XXX
 Authorized Service: TH&CS

Provider Name: ABC Services
 Contact Person: John Smith

Number visits this month 4

Contact hours this month 8

SHCN HEAD INJURY REHAB SERVICES OUTCOME(S)				OVERALL PROGRESS IS:	
<u>Vocational</u> <input type="checkbox"/> Competitive Employment <input type="checkbox"/> Supported Employment <input type="checkbox"/> Sheltered Employment <input type="checkbox"/> Volunteer	<u>Community Participation</u> <input type="checkbox"/> Fully Integrated <input type="checkbox"/> Integrated with natural supports* <input type="checkbox"/> Integrated with specialized external supports** <input type="checkbox"/> Primarily dependent on specialized supports	<u>Independent Living</u> <input checked="" type="checkbox"/> Fully Independent <input type="checkbox"/> Independent with natural supports* <input type="checkbox"/> Independent with external supports** <input type="checkbox"/> Group home/supervised living	<input type="checkbox"/> Ahead of schedule. <input checked="" type="checkbox"/> On target for completion by end of current authorized period. <input type="checkbox"/> Behind schedule (reason must be identified below) Specific barriers to progress this period: (check all that apply) <input type="checkbox"/> Client attendance <input type="checkbox"/> Client participation <input type="checkbox"/> Client behavior <input type="checkbox"/> Other: (Explain)		
<div style="font-size: 100px; opacity: 0.5; pointer-events: none;">SAMPLE</div>					
INDIVIDUAL GOAL STATUS					
GOAL STATEMENT (RELATED SHCN OUTCOME)	TARGET DATE	DESCRIBE METHOD(S) AND MAXIMUM ACHIEVEMENT LEVEL EXPECTED		MONTHLY PROGRESS DETAILS (DESCRIBE CLIENT FUNCTION)	
		STRATEGY USED	MAXIMUM EXPECTED LEVEL OF FUNCTION	BEGINNING OF MONTH	END OF MONTH
Goal 1. Organize important information (IL)	Learn: 9/30/03 Mastery: 12/31/03	Teach ways to organize 1:1, sorting/alphabetizing	Kanisha will create and use system to know when shots are due	Health records in several places; no central organization	Created expanding file folder w/slot for each child's records. All records in appropriate place
Goal 2. Bills paid on time (IL)	Learn: 9/30/03 Mastery: 12/31/03	Teach ways to organize 1:1; sort by due date	Kanisha will create and use calendar to pay bills on time	Bills in several places. Some bills lost/missing. No calendar.	Created file folder for each bill. Bought calendar & wrote due dates.**
Goal 3. Transportation Access (IL)	Learn: 9/30/03 Mastery: 12/31/03	Teach assertiveness, organizational skills 1:1	Kanisha will consistently access public or private transportation	No transportation to health clinic.	Called Medicaid cab to take children to clinic 1 X with max assistance from worker
Goal 4.					

COMMENTS: ** Client is several months in arrears with gas bill. Will need worker assistance to contact gas company and arrange payment plan.

HEAD INJURY PROVIDER QUALIFICATIONS

QUALIFIED HEAD INJURY PROFESSIONAL (QHIP)

The following represents the minimum requirements for individuals to be considered a QHIP (Qualified Head Injury Professional):

<u>Neuropsychologist:</u>	A person with a Ph.D. in Psychology from an accredited school, with a specialty in Neuropsychology, licensure with the state of Missouri, and at least one year of experience in working directly with persons with brain injury.
<u>Neuropsychiatrist:</u>	A doctor of Psychiatry, who has at least one year of experience in working directly with persons with brain injury, and who has expertise in medical management of conditions related to brain injury.
<u>Physiatrist:</u>	A person with an M.D. with a specialty in Physiatry, licensure with the state of Missouri, and who has at least one year of experience in working directly with persons with brain injury.
<u>Psychologist:</u>	A person with a Ph.D. in Psychology from an accredited school, licensure with the state of Missouri, and at least one year of experience in working directly with persons with brain injury.
<u>Social Worker:</u>	A person who holds a graduate degree from an accredited school of social work, licensure as a Social Worker, and at least one year of experience in working directly with persons with brain injury.
<u>Professional Counselor:</u>	A person who holds a graduate degree from a school or university accredited program in counseling, eligible for licensure as a professional counselor with the state of Missouri, and who has at least one year of experience in working directly with persons with brain injury.
<u>Occupational Therapist:</u>	A person who is licensed as an Occupational Therapist by the state of Missouri, and who has at least one year of experience in working directly with persons with brain injury.
<u>Certified Occupational Therapist Assistant (COTA):</u>	A person who holds a bachelor's degree from an accredited Occupational Therapist Assistant program, and who has at least one year of experience in working directly with persons with brain injury.
<u>Physical Therapist:</u>	A person who is licensed as a Physical Therapist by the state of Missouri, and who has at least one year of experience in working directly with persons with brain injury.
<u>Physical Therapist Assistant (PTA):</u>	A person who is licensed as a Physical Therapist Assistant, and who has at least one year of experience in working directly with persons with brain injury.
<u>Speech Therapist:</u>	A person who is licensed as a Speech Therapist by the state of Missouri, and who has at least one year of experience in working directly with persons with brain injury.

Recreational
Therapist:

A person who holds a bachelor's degree in Recreational Therapy from a school or university accredited program in recreational therapy, and who has at least one year of experience in working directly with persons with brain injury.

Educational
Specialist:

A person who holds a bachelor's degree or graduate degree in Education or Special Education from a school or university accredited program, and who has at least one year of experience in working directly with persons with brain injury.

Vocational
Specialist:

A person who holds a bachelor's degree or graduate degree in vocational rehabilitation services, and who has at least one year of experience in working directly with persons with brain injury.

Human Services
Professional:

A person who has at least a bachelor's degree in a human services field (including, but not limited to: sociology, rehabilitation services, counseling and psychology), and who has at least one year of experience in working directly with persons with brain injury.

Human Services
Direct Care Worker:

A person who has a high school diploma or equivalent, and within six months of employment, have completed training in the Primary Skills from the Direct Care worker Competency List, including all six domains:

- General Overview
- Working with the Consumer in His/Her Environment
- Professional Role and Job Skills of the Direct Care Worker
- Learning about Community Resources
- Safety and Welfare of the Consumer
- Policies of the Direct Care Worker's Organizational System

After the first year of employment, must have completed a minimum of five (5) hours per year of continuing education specifically related to job duties.

ADULT HEAD INJURY SERVICE PROVIDER QUALIFICATIONS		
Head Injury Service	Education & Experience Requirements	SHCN Enrollment & Documentation requirements * Send at time of SHCN enrollment ** Retain as on-site documentation
Adjustment Counseling	An individual who holds a current Missouri license as a Professional Counselor, Psychologist, or Licensed Clinical Social Worker.	* Participation Agreement, * Agency Provider Application form, ** Copy of current Missouri Professional Counselor, Psychologist or Clinical Social Work license, and ** Letter from a present/former employer documenting one year of experience working with persons with brain injury OR certificate(s) of completion of 15 hrs. in-service training addressing: characteristics of TBI, family grief responses, behavioral techniques, compensation strategies, and knowledge of TBI programs.
Behavioral Assessment & Consultation	An individual who holds a current Missouri Psychologist or Psychiatrist license and has expertise in medical and behavioral management techniques with TBI OR An individual who holds a current Missouri Physician's license; one year of experience working directly with persons with brain injury, and expertise in medical management of conditions related to brain injury.	* Participation Agreement, * Agency Provider Application form, ** Copy of current Missouri Psychologist/Physician's license, and ** Letter from a present/former employer documenting one year of working directly with persons with brain injury.
Comprehensive Day Program	Interdisciplinary team of consistent personnel determined by participants individual needs.	* Participation Agreement, * Agency Provider Application form, and * Copy of CARF accreditation in Brain Injury Community Integrative Programs, or Medicaid certification for Comprehensive Day Program
Neuropsychological Evaluation and Consultation	An individual who holds a current Missouri license as a Psychologist, specializing in Neuropsychology, and one year of experience working directly with persons with brain injury	* Participation Agreement, * Agency Provider Application form, ** Copy of current Missouri Psychologist's license, and ** Letter from present/former employer documenting specialty in neuropsychology and one year of experience working directly with persons with head injury
Occupational Therapy Evaluation & Treatment	An individual who holds a current Missouri license as an Occupational Therapist	* Participation Agreement, * Agency Provider Application form, ** Copy of current Missouri Occupational Therapy license, and ** Letter from a present/former employer documenting one year of experience working directly with persons with brain injury
Occupational Therapist Assistant	An individual who holds a current Missouri license as a Certified Occupational Therapist Assistant	* Participation Agreement, * Agency Provider Application form, ** Copy of current Missouri Occupational Therapist Assistant license, and ** Supervisor of this individual must be enrolled as a provider with the SHCN

Physical Therapy Evaluation & Treatment	An individual who holds a current Missouri license as a Physical Therapist	<ul style="list-style-type: none"> * Participation Agreement, * Agency Provider Application form, ** Copy of current Missouri Physical Therapy license, and ** Letter from a present/former employer documenting one year of experience working directly with persons with brain injury
Physical Therapist Assistant	An individual who holds a current Missouri license as a Physical Therapist Assistant	<ul style="list-style-type: none"> * Participation Agreement, * Agency Provider Application form, ** Copy of current Missouri Physical Therapist Assistant license, and ** Supervisor of this individual must be enrolled as a provider with the SHCN
Pre-Vocational/Pre-Employment Training <ul style="list-style-type: none"> • Facility • Supervisor • Direct Care Worker 	<p><u>Facility</u> Facility must have a formalized relationship with DVR and/or other local employment agencies; must have documented policies and procedures in place to safeguard the safety and well-being of the participants served</p> <p><u>Supervisor</u> An individual who holds a bachelor's or graduate degree in Vocational Rehab Services and has one year of experience working with persons with brain injury on employment issues</p> <p>OR An individual with a degree in Rehab Services, Rehab Counseling, Social Work, Education or Special Education with at least 2 years experience working with persons with brain injury on employment issues.</p> <p><u>Direct Care Worker</u> An individual who holds a high school diploma or GED and within six months of employment, has completed training in the Primary Skills from the Direct Care Worker Competency List, including all six domains.</p> <ul style="list-style-type: none"> • General Overview • Working with the Consumer in His/Her Environment. • Professional Role and Job Skills of the Direct Care Worker • Learning About Community Resources • Safety and Welfare of the Consumer • Policies of the Direct Care Workers Organizational System 	<p><u>Facility</u> <ul style="list-style-type: none"> * Participation Agreement, * Agency Provider Application form, * Letter from DVR or local employment agency, and * Copy of CARF accreditation in Employment and Community Services </p> <p><u>Supervisor</u> <ul style="list-style-type: none"> ** Copy of bachelor's or graduate degree in Vocational Rehab Services, and ** Letter from a present/former employer documenting one year of experience working directly with persons with brain injury on employment issues OR ** Copy of bachelor's or graduate degree in Rehab Services, Rehab Counseling, Social Work, Education or Special Education, and ** Letter from a present/former employer documenting two years experience working directly with persons with brain injury on employment issues. </p> <p><u>Direct Care Worker</u> <ul style="list-style-type: none"> ** Copy of high school diploma or GED certificate, and ** Training record(s) documenting completion of Primary Skills within 6 months of employment. ** After first year of employment: certificate documenting five hours job-related continuing education </p>

	See Appendix A (Direct Care Workers Competency)	
Socialization Skills Training	An individual with a bachelor's degree in Recreational or Occupational Therapy, Psychology, Education, Special Education, or Social Work	<ul style="list-style-type: none"> * Participation Agreement, * Agency Provider Application form, ** Copy of bachelor's degree in Recreational or Occupational Therapy, Psychology, Education, Special Education, or Social Work, and ** Letter from present/former employer documenting one year of experience working directly with persons with brain injury
Special Instruction	An individual with a bachelor's or graduate degree in Education or Special Education; one year of experience working directly with persons with brain injury	<ul style="list-style-type: none"> * Participation Agreement, * Agency Provider Application form, ** Copy of bachelor's or graduate degree in Education or Special Education, and ** Letter from present/former employer documenting one year of experience working directly with persons with brain injury
Speech/Language Therapy Evaluation & Treatment	An individual who holds a current Missouri license as a Speech Therapist	<ul style="list-style-type: none"> * Participation Agreement, * Agency Provider Application form, ** Copy of current Missouri Speech Therapy license, and ** Letter from a present/former employer documenting one year of experience working directly with persons with brain injury
Supported Employment/Follow Along <ul style="list-style-type: none"> • Facility • Supervisor • Direct Care Worker 	<p><u>Facility</u> Agency that provides specialized vocational support services for persons with disabilities.</p> <p><u>Supervisor</u> An individual who holds a bachelor's or graduate degree in Vocational Rehab Services and has one year of experience working with individuals with brain injury on employment issues</p> <p>OR</p> <p>An individual with a degree in Rehab Services, Rehab Counseling, Education or Special Education with at least 2 years experience working with persons with brain injury on employment issues.</p> <p><u>Direct Care Worker</u> An individual who holds a high school diploma or GED and within six months of employment, has completed training in the Primary Skills from the Direct Care Worker Competency List, including all six domains.</p> <ul style="list-style-type: none"> • General Overview • Working with the Consumer in His/Her Environment. 	<p><u>Facility</u></p> <ul style="list-style-type: none"> * Participation Agreement, * Agency Provider Application form, * Letter documenting affiliation with DVR, and * Copy of CARF accreditation in Employment and Community Services <p><u>Supervisor</u></p> <ul style="list-style-type: none"> ** Copy of bachelor's or graduate degree in Vocational Rehab Service, and ** Letter from a present/former employer documenting one year of experience working directly with persons with brain injury on employment issues OR ** Copy of bachelor's or graduate degree in Rehab Services, Rehab Counseling, Education or Special Education, and ** Letter from a present/former employer documenting two years of experience working directly with persons with brain injury on employment issues. <p><u>Direct Care Worker</u></p> <ul style="list-style-type: none"> ** Copy of high school diploma or GED certificate, and ** Training record(s) documenting completion of Primary Skills within 6 months of employment. ** After first year of employment: certificate documenting five hours job-related continuing education

	<ul style="list-style-type: none"> Professional Role and Job Skills of the Direct Care Worker Learning About Community Resources Safety and Welfare of the Consumer Policies of the Direct Care Workers Organizational System <p>See Appendix A (Direct Care Workers Competency)</p>	
<p>Transitional Home & Community Support</p> <ul style="list-style-type: none"> Supervisor Direct Care Worker 	<p>Agency that provides specialized home and community-based assistance to persons with disabilities.</p> <p><u>Supervisor</u> An individual who holds a bachelor's or graduate degree in Occupational Therapy, Social Work, Psychology, Rehab Counseling, Counseling, Rehab Services, Education and Special Education and one year of experience working with persons with brain injury</p> <p><u>Direct Care Worker</u> An individual who holds a high school diploma or GED and within six months of employment, has completed training in the Primary Skills from the Direct Care Worker Competency List, including all six domains.</p> <ul style="list-style-type: none"> General Overview Working with the Consumer in His/Her Environment. Professional Role and Job Skills of the Direct Care Worker Learning About Community Resources Safety and Welfare of the Consumer Policies of the Direct Care Workers Organizational System <p>See Appendix A (Direct Care Workers Competency)</p>	<ul style="list-style-type: none"> * Participation Agreement, * Agency Provider Application form, <p><u>Supervisor</u></p> <ul style="list-style-type: none"> ** Copy of bachelor's or graduate degree, and ** Letter from a present/former employer documenting one year of experience working directly with persons with brain injury <p><u>Direct Care Worker</u></p> <ul style="list-style-type: none"> ** Copy of high school diploma or GED certificate, and ** Training record(s) documenting completion of Primary Skills within 6 months of employment. ** After first year of employment: certificate documenting five hours job-related continuing education
Transportation	Agency that has experience with persons with disabilities	<ul style="list-style-type: none"> * Participation Agreement, * Agency Provider Application form, and ** List of standards for transporting clients that protect the safety and well-being of clients ** List of direct service personnel trained in CPR/First Aid, Emergency Procedures, Characteristics of TBI, Behavioral techniques effective for persons with TBI.

REIMBURSEMENT SCHEDULE

ADULT HEAD INJURY REIMBURSEMENT SCHEDULE

Service Code	Description	Unit	Reimbursement Rate
COGNITIVE/BEHAVIORAL			
107	Comprehensive Day Program	3-hour day	\$ 65.00
0003	Comprehensive Day Program	6-hour day	\$110.00
0005	Neuropsychological Evaluation and Consultation	Flat fee	\$588.60
0006	Behavioral Assessment and Consultation	15 minutes	\$ 13.00
ADJUSTMENT COUNSELING - INDIVIDUAL			
0010	Individual Adjustment Counseling – Psychologist	15 minutes	\$ 13.00
0011	Individual Adjustment Counseling - Social Work	15 minutes	\$ 10.00
0012	Individual Adjustment Counseling - LPC	15 minutes	\$ 10.00
ADJUSTMENT COUNSELING - GROUP			
0013	Group Adjustment Counseling - Psychologist	15 minutes	\$ 6.00
0014	Group Adjustment Counseling - Social Work	15 minutes	\$ 5.00
0015	Group Adjustment Counseling - LPC	15 minutes	\$ 5.00
THERAPIES			
0016	Physical Therapy	15 minutes	\$ 10.50
0017	Occupational Therapy	15 minutes	\$ 10.50
0018	Speech/Language Therapy	15 minutes	\$ 10.50
COMMUNITY INTEGRATION			
0004	Transitional Home and Community Support	15 minutes	\$ 8.00
0138	Socialization Skills Training	3-hour day	\$ 65.00
EDUCATIONAL/VOCATIONAL			
108	Pre-Vocational/Pre-Employment Training	3-hour day	\$ 65.00
0007	Special Instruction	15 minutes	\$ 4.00
0008	Pre-Vocational/Pre-Employment Training	6-hour day	\$110.00
0009	Supported Employment Long-Term Follow-Up	15 minutes	\$ 8.00
TRANSPORTATION			
0026	Individual Transportation	1 mile	\$ 1.25
0027	Group Transportation Same Location	1 mile	\$ 1.25
0028	Group Transportation Different Locations	1 mile	\$ 1.25

DIRECT CARE WORKER COMPETENCY LIST

INSERT DIRECT CARE WORKER COMPETENCY LIST HERE